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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 113000001		CITY OR TO	WN SUMERV	ILLE
APPLICATION FO	OR RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME	: THE THIRSTY	SCHOLAR PUB, L.L.	C.		
DOING BUSINESS	S A THE THIRSTY	SCHOLAR PUB			
ADDRESS 70-70B	BEACON ST				
CITY/TOWN: SO	MERVILLE	STATE: MA	ZIP CODE	E: 02143	
	ENNAN, T RARD	YPE OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	CMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	IISES:			
		REET LEVEL WITH (CELLAR FOR S	TOCK	
I hereby certify and	_				
		of the same type for the	•		
	•	ith all laws of the Com		ing to taxes; and	
3. the prem	ises are now open for	or business (If not expl	lain below)		
SIGNED BY:					
	Individual, Partn	er or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA 	
			(Note: NO	T Individual Social	Security Number)
		re in possession (1) th inspector and the hea			
license and (2) the	certificate of liquo	or liability insurance	required by Ch	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	lain)		-		
DATE:					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 113000002		CITY OR TO	WN SOMERVI	ILLE
APPLICATION FOI	R RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A O'SULLIVAN'S				
ADDRESS 282 BEA					
CITY/TOWN: SON	MERVILLE	STATE: MA	ZIP CODI	E: 02143	
	LIVAN, TY HARD	PE OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
		REAR ROOM FOR	STOCK ON ST	REET LEVEL	
I hereby certify and s	*				
		f the same type for the	-		
	•	th all laws of the Com		ing to taxes; and	
3. the premi	ses are now open to	or business (If not expl	iain below)		
SIGNED BY:	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO:	NE NUMBER:		OYER IDENTIFICA $^{\prime}$ Individual Social S	
Acts of 2004, signed	d by the building in	re in possession (1) th nspector and the hea r liability insurance i	d of the fire dep	partment for the	above named
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	aın)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000006	,	CITY OR TOWN	SOMERVII	LLE
APPLICATION FOR RENEWAL:	Annual	Annual LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: GREEK AMERIC	CAN SOCIAL CONSTI	RUCTION CLUB I	NC.	
DOING BUSINESS A				
ADDRESS 79 BOW STREET				
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE:	02145	
MANAGER: PERGANTIS, TY MICHAEL	YPE OF LICENSE: Rest	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREM				
TWO ROOMS AND KITCHEN ON ST	REET LEVEL WITH	CELLAR FOR STO	OCK.	
I hereby certify and swear under penaltic	es of perjury that:			
1. the renewed license will be o	* *	-		
2. the licensee has complied with		_	taxes; and	
3. the premises are now open for	or business (If not explain	n below)		
-				
SIGNED BY:				
Individual, Partne	er or Authorized Corpor	ate Officer		
DATE: TELEPHO	NE NUMBER:		IDENTIFICAT	
		(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in				
license and (2) the certificate of liquo				
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 113000007		CITY	OR TOWN	SOMERVII	LLE
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 616 BRO	A	F W.W.CHAP.#2	7 OF SOM	ERVILLE IN	TC	
CITY/TOWN: SOM		STATE: N	IA Z	IP CODE:	02143	
MANAGER: BOY		PE OF LICENSE			ATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	UR EMAIL ADI	ORESS		
DESCRIPTION OF I THREE STORY BRI LARGE ROOM ANI AND SECOND FLO	CK BLDGFIRST THIRD FLOOR V	FLOOR ONE LA				
I hereby certify and s	wear under penaltie	s of perjury that:				
	ed license will be of	• •	•	-		
	e has complied with			_	o taxes; and	
5. the premis	es are now open for	r business (ii not e	expiain bei	ow)		
SIGNED BY:	Individual, Partne	r or Authorized C	orporate O	fficer		
DATE:	TELEPHON	NE NUMBER:				TON NUMBER:
			((Note: NOT Ind	ividual Social So	ecurity Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	spector and the l	head of the	e fire departr	nent for the	above named
Please Check Below:			LOG	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expla	 in)					
(11 disapproved expid	···· <i>,</i>					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY	LICENSEES DURING TI	HE MONTH O	F NOVEMBER (M	.G.L. Ch. 138 \$ 16	iA)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 113000009		CITY OR TOWN	SOMERVILLE
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
	MOUNT VERNON A MT. VERNON CA BROADWAY			
CITY/TOWN: SON	MERVILLE	STATE: MA	ZIP CODE:	02143
MANAGER: HEN A.	IRY, MARTIN TYPE	OF LICENSE: Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS	
	LICENSED PREMISE ND KITCHEN, AN OF CK.		CK ROOMS ON ST	REET LEVEL WITH
2. the licens	red license will be of the ee has complied with a ses are now open for be Individual, Partner o	ll laws of the Comusiness (If not expl	monwealth relating t ain below)	
DATE:	TELEPHONE	NUMBER:		R IDENTIFICATION NUMBER:
Acts of 2004, signe	d by the building insp	ector and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	SING AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 113000010		CITY OR TOWN	SOMERVII	LLE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GALWEGAN, INC				
DOING BUSINESS	A THE BURREN				
ADDRESS 247 ELN	A ST				
CITY/TOWN: SON	MERVILLE	STATE: MA	ZIP CODE:	02144	
MANAGER: COS LOU	TELLO, MARY TYPE TISE	OF LICENSE: Res	taurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISES	S:			
IN THE MIDDLE A	URANT ON STREET ND A LARGER ROOM EVERAGES AT OUTE	IN THE BACK.			
I hereby certify and s	swear under penalties of	perjury that:			
1. the renew	ed license will be of the	same type for the	same premises now	licensed;	
2. the licens	ee has complied with al	l laws of the Comn	nonwealth relating to	o taxes; and	
3. the premi	ses are now open for bu	siness (If not expla	in below)		
SIGNED BY:	Individual Dommon on	Authorized Come	moto Officer		
	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:			EMDLOVEI	DENTIFICAT	ION NUMBER:
DITTE.	TELEPHONE 1	NUMBER:	(Note: NOT Ind		
Acts of 2004, signe	d, attest that we are in d by the building inspe certificate of liquor lia	ctor and the head	of the fire departi	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	aın)				
DATE:					
·					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113	000012		CITY (OR TOWN	SOMERVI	LLE
APPLICATION FOR REI	NEWAL:	Annual CLASS		LICEN	ISED FOR 20	013 YEAR
LICENSEE NAME: B.E DOING BUSINESS A FA ADDRESS 145-47 BROA	ASIKA					
CITY/TOWN: SOMERY	VILLE .	STATE: M	A ZIP	CODE:	02145	
MANAGER: DEFAR, BEFEKAI		F LICENSE:	Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	E ALSO VISIT OUR WEBSIT		R EMAIL ADDR	ESS		
DESCRIPTION OF LICE LARGE ROOM ON STRI CONTAINS A PREP KIT	EET LEVEL WITH	13'/8' KITCH		ΓWO REST	ΓROMS; BAS	SEMENT
3. the premises ar	s complied with all le now open for busi	ness (If not ex	xplain below	v)	to taxes; and	
DATE:	TELEPHONE N	UMBER:	(N			ΠΟΝ NUMBER: Security Number)
We the undersigned, att Acts of 2004, signed by t license and (2) the certif	the building inspec	tor and the h	ead of the f	fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCA By:	AL LICEN	SING AUTH	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:113000013	•	LITY OR TOWN	SOMERVI	LLE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CODDER'S INC				
DOING BUSINESS	A CASEY'S				
ADDRESS 169-71 B	ROADWAY				
CITY/TOWN: SOM	MERVILLE	STATE: MA	ZIP CODE:	02145	
MANAGER: PHIL MICH	POT, TY HAEL W	PE OF LICENSE: Resta	aurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EMA	ALL ADDRESS		_
DESCRIPTION OF I	LICENSED PREM	ISES:			
THREE ROOMS AN	ID KITCHEN ON	STREET LEVEL WITH	I CELLAR FOR	STOCK	
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renewe	ed license will be o	f the same type for the sa	ame premises nov	w licensed;	
2. the license	ee has complied wit	th all laws of the Commo	onwealth relating	to taxes; and	
3. the premis	ses are now open fo	or business (If not explain	n below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpora	ate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT In	ndividual Social S	Security Number)
					204 8 3
		re in possession (1) the conspector and the head of			
		r liability insurance red			
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:	51110710111	ORTI
DISAPPROVED:			2).		
(If disapproved expla	in)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1130	50014	CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR REN	EWAL: Annual	LICEN	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: AOD	, INC			
DOING BUSINESS A ON	THE HILL TAVERN			
ADDRESS 499 BROADW	AY			
CITY/TOWN: SOMERVI	LLE STATE: M	ZIP CODE:	02143	
MANAGER: TADDIA, TIMOTHY	TYPE OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		_
DESCRIPTION OF LICEN	SED PREMISES:			
FOUR ROOMS AND KITC	CHEN ON STREET LEVEL W	TTH CELLAR FOR S	TOCK	
I hereby certify and swear u	nder penalties of perjury that:			
	nse will be of the same type for	-		
2. the licensee has	complied with all laws of the Co	ommonwealth relating	to taxes; and	
3. the premises are	now open for business (If not e	xplain below)		
SIGNED BY:				
Indiv	ridual, Partner or Authorized Co	orporate Officer		
DATE:	TELEPHONE NUMBER:	EMPLOYE	ER IDENTIFICAT	TION NUMBER:
		(Note: NOT In	ndividual Social S	ecurity Number)
We the understand offer	st that we are in possession (1)) the contificate requi	uad by Chant	or 204 of the
	e building inspector and the h			
license and (2) the certific	ate of liquor liability insuranc	ce required by Chapt	er 116 of the	Acts of 2010.
Please Check Below:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:		•		
(If disapproved explain)				
		-		
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: II	.3000015		CITY OR TOWN	1 SOMERVI	LLE
APPLICATION FOR RI	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
X. JR. EMAIL ADDRESS: PLEA DESCRIPTION OF LICONE ROOM AND CEL I hereby certify and swea 1. the renewed I	PADWAY RVILLE FRANCIS TYPE SEALSO VISIT OUR WEBSI ENSED PREMISES LAR FOR STORAG ar under penalties of the green in the storage of the s	STATE: MA OF LICENSE: Res ITE AND ENTER YOUR EM S: GE. Sperjury that: E same type for the	AIL ADDRESS same premises no		
	as complied with all	• •	-		
3. the premises	are now open for bu	siness (If not expla	in below)		
SIGNED BY: In	ndividual, Partner or TELEPHONE I		EMPLOYI	ER IDENTIFICAT ndividual Social S	
We the undersigned, a Acts of 2004, signed by license and (2) the cert	the building inspe	ector and the head	of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 113000017		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR	R RENEWAL:	Annual CLASS	LICEN	ISED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 704-06 F	A SOUNDBITES				
CITY/TOWN: SON	MERVILLE	STATE: MA	ZIP CODE:	02144	
	NGELISTA, TY ERTA JO	PE OF LICENSE:Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF TWO ROOMS AND PATIO AREA FOR	KITCHEN ON ST	REET LEVEL; BAS	SEMENT FOR STO	CK, OUTDO	OR
2. the licens	ee has complied with ses are now open for	f the same type for the th all laws of the Combiness (If not expert or Authorized Corp.	monwealth relating (lain below)		
DATE:	TELEPHO	NE NUMBER:			TON NUMBER: ecurity Number)
Acts of 2004, signed	d by the building in	re in possession (1) the nspector and the hear I liability insurance	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	nin)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 113000018		CITY OR TOWN	SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 055-57 (A REDBONES				
CITY/TOWN: SON	MERVILLE	STATE: MA	ZIP CODE:	02144	
	GGORY, TYP BERT	PE OF LICENSE: Res	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		MAIL ADDRESS		
	LICENSED PREMIS			NIC POOM	COD
	I TWO ROOMS AND S IN BASEMENT-PA				FUR
1. the renew 2. the licens 3. the premi	swear under penalties yed license will be of t see has complied with ises are now open for	the same type for the all laws of the Comr	nonwealth relating t		
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHONI	E NUMBER:			TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	pector and the head	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.	ain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	к: 113000020		CITYC	OK TOWN	SOMERVI	LLE
APPLICATION FO	OR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME	: DANTE CLUI	3 INC.				
DOING BUSINESS	S A					
ADDRESS 5 DAN	TE TERRACE					
CITY/TOWN: SO	MERVILLE	STATE: M	A ZIP	CODE:	02143	
	PASSO, CHAEL	TYPE OF LICENSE:	Club	C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	R EMAIL ADDRI	ESS		_
DESCRIPTION OF	LICENSED PRE	EMISES:				
SIX ROOMS ON F SECOND FLOOR.	IRST FLOOR-ON	NE ROOM TO BE US	ED FOR ST	ΓORAGE-S	SIX ROOMS	ON
I hereby certify and	swear under pena	llties of perjury that:				
1. the renev	wed license will be	e of the same type for	the same pre	emises now	licensed;	
2. the licen	see has complied	with all laws of the Co	mmonwealt	th relating t	to taxes; and	
3. the prem	nises are now oper	for business (If not ex	plain below	v)		
SIGNED BY:						
SIGIVED D1.	Individual, Par	rtner or Authorized Co	rporate Offi	icer		
			F			
DATE:	TELEPF	HONE NUMBER:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Ne	ote: NOT In	dividual Social S	Security Number)
Acts of 2004, signe	ed by the building	e are in possession (1) g inspector and the h uor liability insuranc	ead of the f	ïre depart	ment for the	above named
Please Check Below:			LOCA	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	1					
(If disapproved exp	lain)					
DATE:						
APPLICATION FOR RENE	EWAL MUST BE FILED	BY LICENSEES DURING TH	E MONTH OF N	NOVEMBER (N	M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 113000021		CITY OR TOWN	SOMERVII	LLE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
	TERRANOVA, INC. A MIKE'S RESTAURA DAVIS SOUARE	ANT			
CITY/TOWN: SON	_	STATE: MA	ZIP CODE:	02144	
MANAGER: TER		OF LICENSE: Re		ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI		MAIL ADDRESS		
DINING ROOM AN	LICENSED PREMISES ID KITCHEN ON STRE EVE ALCOHOLIC BEV	EET LEVEL ANI			₹
2. the licens	red license will be of the ee has complied with all ses are now open for bus	laws of the Com	nonwealth relating to		
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE N	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	LIDENTIFICAT	
Acts of 2004, signed	d, attest that we are in d by the building inspe certificate of liquor lial	ctor and the hea	d of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 113000022		CITY OR TOWN	SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS).			
ADDRESS 00237A	ELM ST.				
CITY/TOWN: SO!	MERVILLE	STATE: MA	ZIP CODE:	02144	
	NNION, TOMAS W.	YPE OF LICENSE: Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
		R WEBSITE AND ENTER YOUR EM	MAIL ADDRESS		
DESCRIPTION OF		MISES: REET LEVEL WITH C		OCV.	
I hereby certify and			ELLAK FOR STO	CK.	
•	-	of the same type for the	same premises nov	w licensed:	
		ith all laws of the Comn	-		
	-	for business (If not expla	_	,	
SIGNED BY:					
	Individual, Partn	ner or Authorized Corpo	rate Officer		
DATE:	TELEPHO	ONE NUMBER:		ER IDENTIFICAT	
			(Note: NOI Ir	ndividual Social S	ecurity Number)
Acts of 2004, signe	ed by the building	nre in possession (1) the inspector and the head or liability insurance re	of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl					
(ii disappioved expi	uiii <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 113000024		CITY OR TOWN SOMERY	VILLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI		EGION EAST SOMERV	VILLE POST #388 INC	
	: SOMERVILLE	STATE: MA	ZIP CODE: 02145	
MANAGER:		TYPE OF LICENSE: Vet		: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
		R, ONE LARGE ROOM DM, AN OFFICE AND S	AND KITCHEN AND STORATORAGE ROOM.	AGE
I hereby certify	y and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comm	nonwealth relating to taxes; and	1
3. the	premises are now open	for business (If not expla	ain below)	
SIGNED BY:		tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	l Security Number)
Acts of 2004,	signed by the building	g inspector and the head	e certificate required by Cha l of the fire department for th equired by Chapter 116 of th	ne above named
Please Check Bel			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiaiii)			
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED	BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	S 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000025		CITY OR TOWN SOMERY	ILLE
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: HIGH ON TO			
ADDRESS 148-15 HIGHLAND A	AVE		
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE: 02143	
MANAGER: JOY, MARCI	TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED F	PREMISES:		
TWO ROOMS WITH KITCHEN	ONS STREET LEVEL AND	CELLAR FOR STOCK/	
I hereby certify and swear under po	enalties of perjury that:		
1. the renewed license wil	l be of the same type for the	same premises now licensed;	
2. the licensee has compli	ed with all laws of the Comm	nonwealth relating to taxes; and	l
3. the premises are now of	pen for business (If not expla	in below)	
SIGNED BY:			
	Partner or Authorized Corpo	rate Officer	
DATE:	EDHONE NI IMDED.	EMPLOYER IDENTIFICA	ATION NUMBER:
IELE	EPHONE NUMBER:	(Note: NOT Individual Social	
			•
We the undersigned, attest that			
Acts of 2004, signed by the build license and (2) the certificate of			
Please Check Below:			
APPROVED:		LOCAL LICENSING AUTH	IORII I
DISAPPROVED:		Ву:	
(If disapproved explain)		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 113000026		CITY OR TOWN	SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20)13
		CLASS			YEAR
	PAINTED BURRO				
ADDRESS 219-22 1	ELM STREET				
CITY/TOWN: SOM	MERVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER: CAS JOSI	· · · · · · · · · · · · · · · · · · ·	PE OF LICENSE:Res	taurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
2. the licens	see has complied with	the same type for the all laws of the Comn business (If not expla	nonwealth relating		
SIGNED D1.	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	IE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d by the building in	in possession (1) the spector and the head liability insurance re	of the fire depart	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000027		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: ANTHONY'S FUN	CTIONS INC.			
DOING BUSINESS A				
ADDRESS 156 HIGHLAND AVE.				
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER: PEREIRA, ADILIA TYP	E OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMIS TWO STORY BLDGLIQUOR TO BE C KITCHENS, 2 OFFFICES, 1 BALCONY	ES: CONFINED TO FIRS	ST FLOOR- ONE L		
I hereby certify and swear under penalties 1. the renewed license will be of t 2. the licensee has complied with 3. the premises are now open for b	he same type for the all laws of the Comm	nonwealth relating to		
SIGNED BY: Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building ins license and (2) the certificate of liquor l	pector and the head	of the fire departn	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 113000028		CITY O	R TOWN	SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual CLASS		LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 246-48 I		RANT GROUP,	INC			
CITY/TOWN: SON	MERVILLE	STATE: N	MA ZIP	CODE:	02143	
MANAGER: SING JASV	GH, TYF WINDER	PE OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE		OUR EMAIL ADDRE	ess		
	LICENSED PREMIS KITCHEN AND LO		EET LEVEL	WITH ST	ORAGE IN	
BASEMENT						
	see has complied with sees are now open for Individual, Partner	business (If not o	explain below	7)	,	
DATE:	TELEPHON	E NUMBER:	(No			TON NUMBER:
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor	spector and the	head of the f	ire departı	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCA By:	L LICENS	ING AUTHO	ORITY
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 113000029		CITY OR TOWN	SOMERVILLE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: SOMERVILLE PO	ST #19 AM.LEGIC	N DEPT.OF MA.IN	C.
DOING BUSI	NESS A			
ADDRESS 12	4 HIGHLAND AVENUE			
CITY/TOWN:	: SOMERVILLE	STATE: MA	ZIP CODE:	02143
MANAGER:	DI TYP BENEDETTO,MARI E	E OF LICENSE: <mark>V</mark> e	eterans club CA	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMIS	ES:		
	DG. WITH THREE ROOM: ECOND FLOOR, BASMEN			
	y and swear under penalties			
1. the	renewed license will be of the	he same type for the	e same premises now	licensed;
2. the	licensee has complied with	all laws of the Com	monwealth relating to	taxes; and
3. the	premises are now open for b	ousiness (If not exp	lain below)	
SIGNED BY:	: Individual, Partner	or Authorized Com	orata Officer	
	marviduai, raitilei	or Authorized Corp	orate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER	DENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building ins 2) the certificate of liquor l	pector and the hea	d of the fire departr	nent for the above named
Please Check Bel	<u>ow:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	a explain)			
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	13000030		CITY OR TOW.	N SUMERVI	LLE
APPLICATION FOR R	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S	OMERVILLE	SPORTS CLUB, INC.			
DOING BUSINESS A					
ADDRESS 203 SOME	RVILLE AVE	NUE			
CITY/TOWN: SOME	RVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER: Sousa, I	Fernando	ΓΥΡΕ OF LICENSE: Cl	ıb	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LIC	CENSED PRE	MISES:			
875 SQ. FT. TWO STO	ORY BUILDI	NG W/ BAR AND KITO	CHEN		
I hereby certify and swe	ear under penal	ties of perjury that:			
1. the renewed	license will be	of the same type for the	same premises no	ow licensed;	
2. the licensee	has complied v	with all laws of the Com	nonwealth relating	g to taxes; and	
3. the premises	are now open	for business (If not expl	ain below)		
SIGNED BY:					
I	ndividual, Par	tner or Authorized Corp	orate Officer		
DATE:	TEI EPH	ONE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	ILLLIII	ONE NOWBER.	(Note: NOT	Individual Social S	Security Number)
		are in possession (1) the inspector and the head			
		or liability insurance i			
Please Check Below:	•	·			
APPROVED:			LOCAL LICE	NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved explain))				
DATE:					_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 113000031		CITY OR TO	WN SUMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SDH ASSOCIATI	ES CORPORATION			
DOING BUSINESS	A FIVE HORSE T	AVERN			
ADDRESS 0400 A	HIGHLAND AVE.				
CITY/TOWN: SO	MERVILLE	STATE: MA	ZIP CODE	2: 02143	
MANAGER: WEI	LSH, DYLAN TY	PE OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
		EVEL WITH CELLA NGEXPAND TO S			00B
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renew	ved license will be of	the same type for the	e same premises	now licensed;	
2. the licens	see has complied wit	h all laws of the Com	monwealth relati	ng to taxes; and	
3. the premi	ises are now open for	r business (If not expl	lain below)		
SIGNED BY:					
	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLO	OYER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NO)	Individual Social S	Security Number)
We the undersione	od attest that we ar	e in possession (1) th	ne certificate rec	uired by Chant	er 304 of the
Acts of 2004, signe	d by the building in	spector and the hea	d of the fire dep	artment for the	above named
license and (2) the	certificate of liquor	liability insurance	required by Cha	apter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000032		CITY OR TOW	N SOMERVI	ILLE
APPLICATION FOR I	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	UPTOWN CAFE I	NC.			
DOING BUSINESS A	JOHNNY D'S UF	TOWN LOUNGE			
ADDRESS 017-27 HO	LLAND ST.				
CITY/TOWN: SOME	ERVILLE	STATE: MA	ZIP CODE:	02144	
MANAGER: DeLEL	LIS, CARLA TYP	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	SES:			
TWO ROOMS AND K	CITCHEN AND CH	ELLAR FOR STOCK			
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	l license will be of	the same type for the	same premises no	ow licensed;	
2. the licensee	has complied with	all laws of the Comr	nonwealth relating	g to taxes; and	
3. the premises	s are now open for	business (If not expla	ain below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLOY	YER IDENTIFICA	TION NUMBER:
	122211101	21,01,1221	(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed by					
license and (2) the cer					
Please Check Below:	_	·	LOCALLICE	NICINIC ALITH	ODITY
APPROVED:				NSING AUTH	ORIT I
DISAPPROVED:	7		By:		
(If disapproved explain	ı)				
•					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000033		CITY OR TOW	N SOMERVI	ILLE
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 059-65 HO	ORLEANS				
CITY/TOWN: SOME		STATE: MA	ZIP CODE:	02144	
				02144	
MANAGER: DEVL MAIRI		OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	EASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
DESCRIPTION OF LI			INC		
EXPANDING PREMI			ING		
I hereby certify and sw	l license will be of the		same premises n	ow licensed:	
	has complied with all	• 1	•		
	s are now open for bu			g to taxes, and	
SIGNED BY:					
	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:	TELEPHONE 1	NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned, Acts of 2004, signed license and (2) the ce	by the building inspe	ctor and the head	l of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved explain					
(11 disappioved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 113000034		CITY OR TO	WN SOMERV	ILLE
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	K B INVEST	MENTS INC.			
DOING BUSINESS	A PJRYAN'S	S			
ADDRESS 239-41 I	HOLLAND ST.				
CITY/TOWN: SON	MERVILLE	STATE: N	MA ZIP CODE	E: 02144	
MANAGER: GOU	JGH, AIOFE	TYPE OF LICENSE	E:Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PR	REMISES:			
TWO ROOMS AND	KITCHEN ON	N STREET LEVEL W	TTH CELLAR FOR	STOCK	
I hereby certify and s	swear under per	nalties of perjury that:			
1. the renew	ved license will	be of the same type fo	r the same premises	now licensed;	
2. the licens	ee has complied	d with all laws of the C	Commonwealth relati	ng to taxes; and	
3. the premi	ses are now ope	en for business (If not	explain below)		
SIGNED BY:					
	Individual, Pa	artner or Authorized C	Corporate Officer		
DATE:	TELEP	PHONE NUMBER:	EMPLO	OYER IDENTIFICA	TION NUMBER:
			(Note: <u>NO</u>	$\underline{\Gamma}$ Individual Social	Security Number)
VV 7 - 41 1	.1 . 444 414		1) 41		4 204 - 641
		ve are in possession (I ng inspector and the			
		quor liability insurai			
Please Check Below:			LOCAL LIC	ENSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:			·		
(If disapproved explain	oin)				
· · · · · · · · · · · · · · · · · · ·	aiii)				
T T T T T T T T T T T T T T T T T T T	am)				
DATE:	aiii)				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 113000035		CITY OR TOWN	SOMERVILL	Æ
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YI	B BAR
LICENSEE NAME: DOING BUSINESS ADDRESS 248-50 I					
CITY/TOWN: SON	MERVILLE	STATE: MA	ZIP CODE:	02144	
MANAGER: HAL T.	PIN, ROBERT TYP	'E OF LICENSE:Re	estaurant CA	ATEGORY: A	All Alcohol
EMAIL ADDRESS:					
PEG CD ID MICH OF	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS		
	LICENSED PREMIS CHEN AND REAR R STOCK.		TLEVEL. REAR ROO	OM AND CELI	LAR
2. the licens	yed license will be of the see has complied with sees are now open for Individual, Partner	all laws of the Com	monwealth relating to		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION	
Acts of 2004, signe	d, attest that we are d by the building ins certificate of liquor l	spector and the hea	d of the fire departi	nent for the ab	ove named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explains)	ain)		LOCAL LICENS By:	ING AUTHOR	ITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000037		CITY	OR TOWN	SOMERVI	LLE
APPLICATION FOR I	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: S DOING BUSINESS A ADDRESS 20 INNER		ITY CLUB INC.				
CITY/TOWN: SOME	ERVILLE	STATE: MA	ZI	P CODE:	02143	
MANAGER: DUNC L B.	AN,MICHAE TY	PE OF LICENSE:Ch	ıb	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR W	WEBSITE AND ENTER YOUR E	MAIL ADD	RESS		J
DESCRIPTION OF LI	CENSED PREMI	ISES:				
FOUR ROOMS AND ALSO PART OF BASE					OMS IN BAS	SEMENT.
I hereby certify and sw	ear under penaltie	es of perjury that:				
1. the renewed	license will be of	f the same type for the	same p	remises now	licensed;	
2. the licensee	has complied with	h all laws of the Comr	nonwea	lth relating t	to taxes; and	
3. the premises	s are now open for	r business (If not expl	ain belo	w)		
SIGNED BY:	Individual, Partne	er or Authorized Corpo	orate Of	ficer		
DATE:	TEI EPHON	NE NUMBER:		EMPLOYE	R IDENTIFICAT	TON NUMBER:
	TEEETHO	VE IVONIBER.	(1	Note: NOT Inc	dividual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed b license and (2) the cer	y the building in	spector and the head	d of the	fire depart	ment for the	above named
Please Check Below:			LOC	CAL LICENS	SING AUTHO	ORITY
APPROVED:	٦		By:			
DISAPPROVED:						
(If disapproved explain	J					
DATE:						
APPLICATION FOR RENEWA	L MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF	NOVEMBER (N	1.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 113000040		CITY OR TOWN	SOMERVII	LLE
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: NUCLEO SPORT	INGUISTA, INC.			
DOING BUSINES	S A				
ADDRESS 282-84	MCGRATH HIGHW	/AY			
CITY/TOWN: SC	OMERVILLE	STATE: MA	ZIP CODE:	02144	
	ZARRIA, TY ULO	PE OF LICENSE: Clu	b C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
	F LICENSED PREMI	SES:			
CLUB ON STREE	T LEVEL				
	l swear under penaltie				
	wed license will be of		=		
	nsee has complied with		· ·	o taxes; and	
3. the pren	nises are now open for	business (If not explain	nin below)		
SIGNED BY:	In P. 11 of Deaders	A	OCC		
	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:			EMBLOVEI		NON NUMBER
DATE.	TELEPHON	NE NUMBER:	(Note: NOT Inc	R IDENTIFICAT lividual Social Se	
			(***** <u>= </u>		cearry reassess,
	ed, attest that we are				
	ed by the building in e certificate of liquor				
Please Check Below:	•	•	LOCAL LICENS		
APPROVED:	7		By:	SING AUTHO	JKIT I
DISAPPROVED:			27.		
(If disapproved exp	olain)		-		
D.A. IEEE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	BER: 113000041		CITY OR TOWN SOMERY	/ILLE
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM DOING BUSINES ADDRESS 46 MF		NC.		
CITY/TOWN: S	OMERVILLE	STATE: MA	ZIP CODE: 02143	
MANAGER: DI V.	ICECCA, LOUIS TY	PE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION C	OF LICENSED PREMI	ISES:		
TWO DINING ROSTORAGE.	OOMS, KITCHEN AN	ID STORAGE ROOM	I ON STREET LEVEL-CELLA	AR FOR
I hereby certify an	nd swear under penaltie	s of perjury that:		
1. the ren	ewed license will be of	f the same type for the	same premises now licensed;	
2. the lice	ensee has complied with	h all laws of the Comm	nonwealth relating to taxes; and	l
3. the pre	mises are now open for	r business (If not expla	ain below)	
SIGNED BY:	Latitud Davis	A decided Comme	220	
	individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
Acts of 2004, sign	ned by the building in	spector and the head	e certificate required by Chap I of the fire department for th equired by Chapter 116 of th	e above named
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	piaiii)			
DATE:				
APPLICATION FOR REI	NEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1130000	42	CITY OR TOWN	SOMERVILLE
APPLICATION FOR RENEW	AL: Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: annextw, DOING BUSINESS A BRONY ADDRESS 255 WASHINGTO	inc WYN		
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE:	02143
MANAGER: WEICHMAN,	TIM TYPE OF LICENSE: Re	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSEI SINGLE STORY FREE STAN KITCHEN, OFFICE AND TOV	DING BRICK BUILDING CO		
2. the licensee has com	r penalties of perjury that: will be of the same type for the plied with all laws of the Com v open for business (If not exp	monwealth relating to	
SIGNED BY: Individu	al, Partner or Authorized Corp	orate Officer	
DATE: TE	 ELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
We the undersigned, attest the Acts of 2004, signed by the bulicense and (2) the certificate	uilding inspector and the hea	d of the fire departi	ment for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 113000043		CITY OR TOWN	SOMERVI	LLE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE N.	AME: DEMETER I	HOSPITALITY LLC			
DOING BUSI	NESS A				
ADDRESS 52	25-27 MEDFORD ST	•			
CITY/TOWN:	: SOMERVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER:	TSOURIANIS, DIMITRA	TYPE OF LICENSE: Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		_
	N OF LICENSED PI				
		STREET LEVEL WITH	CELLAR FOR STO	CK.	
		nalties of perjury that:			
		be of the same type for the	•		
	•	d with all laws of the Com	_	o taxes; and	
3. the	premises are now op	en for business (If not exp	lain below)		
SIGNED BY:					
	Individual, F	Partner or Authorized Corp	orate Officer		
DATE:	TELEI	PHONE NUMBER:			TON NUMBER:
			(Note: NOT Inc	dividual Social S	ecurity Number)
We the under	rsigned, attest that v	ve are in possession (1) th	ne certificate requir	ed by Chapte	er 304 of the
Acts of 2004,	signed by the buildi	ing inspector and the hea	d of the fire depart	ment for the	above named
license and (2	2) the certificate of l	iquor liability insurance	required by Chapte	r 116 of the	Acts of 2010.
Please Check Bel	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapprove	d explain)				
DATE:					
DATE.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1130	J00044	CITY OR TOW	N SOMERVILLE
APPLICATION FOR REN	NEWAL: Annu	lal LIC	ENSED FOR 2013
	CLA	SS	YEAR
LICENSEE NAME: WIN	TERHILL PUB CORP		
DOING BUSINESS A OL	DE MAGOUN SALOON		
ADDRESS 518 MEDFOR	D ST.		
CITY/TOWN: SOMERV	ILLE STATE:	MA ZIP CODE:	02143
MANAGER: COUGHLI	N, GREG TYPE OF LICEN	SE:Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE	ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICEN	NSED PREMISES:		
ONE ROOM AND KITCH	HEN ON STREET LEVEL W	ITH CELLAR FOR ST	OCK.
I hereby certify and swear u	under penalties of perjury tha	t:	
1. the renewed lice	ense will be of the same type	for the same premises n	ow licensed;
2. the licensee has	complied with all laws of the	Commonwealth relating	ig to taxes; and
3. the premises are	e now open for business (If n	ot explain below)	
SIGNED BY:			
	vidual, Partner or Authorized	l Corporate Officer	
DATE:	TELEDIJONE NUMBED.	EMPLO:	YER IDENTIFICATION NUMBER:
	TELEPHONE NUMBER:		Individual Social Security Number)
			•
			uired by Chapter 304 of the
			artment for the above named pter 116 of the Acts of 2010.
	cate of inquot mapiney insur	ance required by Chaj	pter 110 of the riets of 2010.
Please Check Below:			ENSING AUTHORITY
APPROVED: DISAPPROVED:		By:	
(If disapproved explain)			
(11 disappioved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000045		CITY OR TOWN SOMERY	ILLE
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: Bergamot, L	LC		
DOING BUSINESS A Bergamot			
ADDRESS 118 BEACON STREE	Т		
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE: 02143	
MANAGER: Pooler, Keith	TYPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
2500 SQ.FT. ON STREET LEVEL	, _		
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license wil	l be of the same type for the	same premises now licensed;	
2. the licensee has complied	ed with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now of	pen for business (If not expla	in below)	
SIGNED BY:			
	Partner or Authorized Corpo	rate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
TELL	I HONE NUMBER.	(Note: NOT Individual Social	Security Number)
We the undersigned, attest that Acts of 2004, signed by the build			
license and (2) the certificate of			
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		Ву:	
DISAPPROVED:		•	
(If disapproved explain)			
DATE:			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 11300004/	CITY C	OR TOWN SOMERVILLE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: ARMUR, INC	•	
DOING BUSINESS A THE JOSHU	A TREE	
ADDRESS 256 ELM ST.		
CITY/TOWN: SOMERVILLE	STATE: MA ZIP	CODE: 02143
MANAGER: MURPHY, MARTIN J.	TYPE OF LICENSE: Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EMAIL ADDRI	ESS
DESCRIPTION OF LICENSED PRE	EMISES:	
A DINING ROOM, KITCHEN AND	PART OF KITCHEN FOR STO	RAGE OF STOCK.
I hereby certify and swear under pena	1 0 0	
1. the renewed license will be	e of the same type for the same pro	emises now licensed;
1	with all laws of the Commonwealt	
1	with all laws of the Commonwealt n for business (If not explain below	
1		
3. the premises are now open	n for business (If not explain below	v)
3. the premises are now open		v)
3. the premises are now open	n for business (If not explain below	v)
3. the premises are now open SIGNED BY: Individual, Par	n for business (If not explain below	v)
3. the premises are now open SIGNED BY: Individual, Par	n for business (If not explain below rtner or Authorized Corporate Offi HONE NUMBER:	employer identification number:
3. the premises are now open SIGNED BY: Individual, Par	n for business (If not explain below rtner or Authorized Corporate Offi HONE NUMBER:	icer
3. the premises are now oper SIGNED BY: Individual, Par DATE: TELEPH We the undersigned, attest that we	rtner or Authorized Corporate Offi HONE NUMBER: (No. 1)	EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number)
3. the premises are now open SIGNED BY: Individual, Par DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the building	rtner or Authorized Corporate Offi HONE NUMBER: (No. (No. (No. (No. (No. (No. (No. (No.	EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number) eate required by Chapter 304 of the lire department for the above named
3. the premises are now open SIGNED BY: Individual, Par DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the building	rtner or Authorized Corporate Offi HONE NUMBER: (No. (No. (No. (No. (No. (No. (No. (No.	EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number)
3. the premises are now open SIGNED BY: Individual, Par DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of lique Please Check Below:	rtner or Authorized Corporate Office. HONE NUMBER: (No. 1) e are in possession (1) the certifice g inspector and the head of the fuor liability insurance required	EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number) eate required by Chapter 304 of the lire department for the above named
3. the premises are now open SIGNED BY: Individual, Par DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq Please Check Below: APPROVED:	rtner or Authorized Corporate Office. HONE NUMBER: (No. 1) e are in possession (1) the certifice g inspector and the head of the fuor liability insurance required	EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number) cate required by Chapter 304 of the fire department for the above named by Chapter 116 of the Acts of 2010.
3. the premises are now open SIGNED BY: Individual, Par DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liq Please Check Below: APPROVED: DISAPPROVED:	rtner or Authorized Corporate Offi HONE NUMBER: (No. 1) the certific g inspector and the head of the fuor liability insurance required	EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number) cate required by Chapter 304 of the fire department for the above named by Chapter 116 of the Acts of 2010.
3. the premises are now open SIGNED BY: Individual, Par DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the buildin license and (2) the certificate of liq Please Check Below: APPROVED:	rtner or Authorized Corporate Offi HONE NUMBER: (No. 1) the certific g inspector and the head of the fuor liability insurance required	EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number) cate required by Chapter 304 of the fire department for the above named by Chapter 116 of the Acts of 2010.
3. the premises are now open SIGNED BY: Individual, Par DATE: TELEPH We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liq Please Check Below: APPROVED: DISAPPROVED:	rtner or Authorized Corporate Offi HONE NUMBER: (No. 1) the certific g inspector and the head of the fuor liability insurance required	EMPLOYER IDENTIFICATION NUMBER: ote: NOT Individual Social Security Number) cate required by Chapter 304 of the fire department for the above named by Chapter 116 of the Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	2: 113000048		CITY O	R TOWN	SOMERVII	LLE
APPLICATION FOR	R RENEWAL:	Annua	ıl	LICENS	SED FOR 20	13
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 249-25 P	A The Paddoc	c Restaurant				
CITY/TOWN: SON	MERVILLE	STATE:	MA ZIP	CODE:	02145	
MANAGER: DeCo	ova, Michael	TYPE OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:		OUR WEBSITE AND ENTER Y	YOUR EMAIL ADDRES	SS		
DESCRIPTION OF TWO ROOMS AND FOR STOCK.			ICE ON STRE	ET LEVEI	L WITH CEL	LAR
2. the license	ed license will lee has complied	be of the same type for the all laws of the n for business (If not	or the same pres	n relating to		
SIGNED BY:	Individual, Pa	artner or Authorized	Corporate Offic	cer		
DATE:	TELEP	HONE NUMBER:				ION NUMBER:
We the undersigned Acts of 2004, signed license and (2) the o	l by the building	ng inspector and the	e head of the fi	re departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCA By:	L LICENS	ING AUTHO	ORITY
DATE:						
APPLICATION FOR RENEV	VAL MUST BE FILEI	D BY LICENSEES DURING	THE MONTH OF N	OVEMBER (M	.G.L. Ch. 138 \$ 16	A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 113000049		CITY OR TOWN	SOMERVI	LLE
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: TUFTS UNIVERSI	TY			
DOING BUSIN	ESS A				
ADDRESS 44 F	PROFESSORS ROW				
CITY/TOWN:	SOMERVILLE	STATE: MA	ZIP CODE:	02144	
MANAGER:	KLOS,PATRICIA J. TYP	E OF LICENSE: Club	C	ATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION	OF LICENSED PREMIS	ES:			
SHOP & 4 OFF SUITES, LOCK	G. W/BASEMENT/ 1ST.F ICES. 2ND.FL.: 2 LOUNG ER RMBASEMENT A I KITCHEN AND STORAG	GES, 4 MEETING RI LOBBY, DINING AI	MS., ONE STUDY	RM, 8 OFFI	ICES, 3
I hereby certify	and swear under penalties	of perjury that:			
1. the re	enewed license will be of the	ne same type for the s	same premises now	licensed;	
	censee has complied with		_	taxes; and	
3. the p	remises are now open for b	ousiness (If not explain	in below)		
SIGNED BY:	Individual, Partner o	or Authorized Corpor	ate Officer		
DATE:	TELEPHONE	E NUMBER:			FION NUMBER:
Acts of 2004, s	igned, attest that we are i igned by the building insp the certificate of liquor li	pector and the head	of the fire departs	nent for the	above named
Please Check Below	<u>v:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:	11.0710111	
DISAPPROVEI			•		
(If disapproved	explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	13000050	•	CITY OR TOWN S	JIVIER VILLE	
APPLICATION FOR R	ENEWAL:	Annual	LICENSEI	D FOR 2013	
		CLASS		YEA	.R
LICENSEE NAME: B DOING BUSINESS A ADDRESS 366A SOM	BULL MC CABE'S				
CITY/TOWN: SOME		STATE: MA	ZID CODE: 0	12142	
				2143	
MANAGER: MANNI P.	ING, BRIAN TYPE	OF LICENSE: Rest	aurant CATI	EGORY: All	Alcohol
EMAIL ADDRESS:					
	ASE ALSO VISIT OUR WEBS		AIL ADDRESS		
DESCRIPTION OF LIC					
THREE ROOMS AND			LAR FOR STORAGE	·.	
I hereby certify and swe	•		ama muamisas navylia	amaad.	
		• •	ame premises now lice onwealth relating to ta		
	are now open for bu		•	xes, and	
3. the premises	are now open for ou	siness (ii not explai	ii ociow)		
SIGNED BY:	ndividual, Partner or	Authorized Corpor	ate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYER ID	ENTIFICATION N	NUMBER:
			(Note: NOT Individ	ual Social Security	Number)
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building inspe	ector and the head	of the fire departmer	nt for the abov	e named
Please Check Below:			LOCAL LICENSING	G AUTHORIT	Y
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)	1				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 113000051		CITY OR TOWN	1 SOMERVI	ILLE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SAMBA ENTER	PRISES, LLC			
DOING BUSINESS	A SAMBA BAR &	& GRILLE			
ADDRESS 596-08 \$	SOMERVILLE				
CITY/TOWN: SO	MERVILLE	STATE: MA	ZIP CODE:	02143	
	FIELD, MARIA TY UNTA	PE OF LICENSE: Res	staurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF					
		TREET LEVEL AND	CELLAR FOR ST	ГОСК.	
I hereby certify and	-				
		f the same type for the	•		
	-	th all laws of the Comm	_	to taxes; and	
3. the premi	ises are now open fo	r business (If not expla	nin below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	orate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social S	Security Number)
		re in possession (1) the aspector and the head			
		r liability insurance r			
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
DATE					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 113000052		CITY OR TOWN	SOMERVI	LLE
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
DOING BUSINES	E: RADIO BAR, LL S A RADIO BAR SOMERVILLE AV	С			
CITY/TOWN: SO	OMERVILLE	STATE: MA	ZIP CODE:	02143	
	ANVILLE, TY SHUA	PE OF LICENSE: Rest	aurant Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
		WEBSITE AND ENTER YOUR EM.	AIL ADDRESS		
		ISES: LEVEL AND BASMEN	NT SMALL LOUN	GE, KITCHE	EN,
	mises are now open fo	th all laws of the Commor business (If not explained er or Authorized Corpor	in below)	o taxes; and	
DATE:	TELEPHO	NE NUMBER:	EMPLOYEF (Note: <u>NOT</u> Inc		TION NUMBER: ecurity Number)
Acts of 2004, sign	ned by the building in	e in possession (1) the aspector and the head r liability insurance re	of the fire departs	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 113000053		CITY OR 7	ΓOWN	SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	SED FOR 20)13
		CLAS	SS			YEAR
LICENSEE NAME:	CHINA DELIGI	HT RESTAURAI	NT CORPORATIO	N		
DOING BUSINESS	A CHINA DELIC	GHT RESTAURA	ANT & BAR			
ADDRESS 518-20 \$	SOMERVILLE AV	1				
CITY/TOWN: SOM	MERVILLE	STATE:	MA ZIP CC	DE:	02143	
	, MICHAEL T D JIE	YPE OF LICENS	SE:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUF		YOUR EMAIL ADDRESS			
DESCRIPTION OF						
ONE ROOM ON ST RESTROOMS	TREET LEVEL W	ITH BAR IN TH	E MIDDLE OF RO	OOM, L	ANCE FLOO	JR,
2. the licens	wed license will be see has complied w ises are now open f	of the same type i	for the same premise Commonwealth re			
SIGNED BY:	Individual, Partı	ner or Authorized	Corporate Officer			
DATE:	TELEPHO	ONE NUMBER:	EM	IPLOYEI	R IDENTIFICAT	TION NUMBER:
			(Note:	NOT Inc	lividual Social S	ecurity Number)
We the undersigne Acts of 2004, signe license and (2) the	d by the building	inspector and th	e head of the fire	depart	ment for the	above named
Please Check Below:			LOCAL I	LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED: [(If disapproved expl	 ain)					
(== alsappio (ca expi						
	um)					
	ani)					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000054	CITY OR TOWN SOMERVILLE
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: WINTER HILL YACHT CLUB, INC.	
DOING BUSINESS A	
ADDRESS 00130R FOLEY STREET	
CITY/TOWN: SOMERVILLE STATE: MA	ZIP CODE: 02143
MANAGER: BASILE, JOSPEH TYPE OF LICENSE:Cl	lub CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE STORY BLDG. WITH BASMENT-ONE LARGE ROC BASEMENT TO BE USED FOR STORAGE OF STOCK.	OM AND TWO SMALL ROOMS IN
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	ne same premises now licensed;
2. the licensee has complied with all laws of the Com	nmonwealth relating to taxes; and
3. the premises are now open for business (If not expl	plain below)
SIGNED BY:	
Individual, Partner or Authorized Corp	porate Officer
DATE	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
	(Note. NOT individual Social Security Number)
We the undersigned, attest that we are in possession (1) the	
Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance	
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 113000055		CITY OR TOW	N SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: SOMERVILL	E MEMORIAL POST #	447 AMER. LEG.	INC.	
DOING BUSINESS	S A				
ADDRESS 217 SOI	MERVILLE AVI	Е.			
CITY/TOWN: SO	MERVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER: UGI SAL	LIETTA, LVATORE J	TYPE OF LICENSE: V	eterans club	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PRI	EMISES:			
FIRST FLOOR-A H STORAGE ROOM-		N AND STORAGE ROO)M. SECOND FLO	OR-A HALL A	AND
I hereby certify and	swear under pena	alties of perjury that:			
1. the renev	ved license will b	e of the same type for the	ne same premises no	ow licensed;	
2. the licens	see has complied	with all laws of the Cor	nmonwealth relating	g to taxes; and	
3. the prem	ises are now oper	n for business (If not exp	plain below)		
SIGNED BY:					
	Individual, Par	rtner or Authorized Cor	porate Officer		
DATE:	TELEPI	HONE NUMBER:	EMPLOY	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
Acts of 2004, signe	ed by the buildin	e are in possession (1) to ag inspector and the he quor liability insurance	ad of the fire depa	rtment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED	BY LICENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 10	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000056		CITY OR TOV	VN SOMERVI	ILLE
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	DEMOSTHENES	GREEK-AM. DEMO	CRAT CLUB C	OF MA.	
DOING BUSINESS A	L				
ADDRESS 218 SOM	ERVILLE AVE.				
CITY/TOWN: SOMI	ERVILLE	STATE: MA	ZIP CODE	: 02143	
MANAGER: piantes	s, john TYI	PE OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:	_	_			
PI	LEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMIS	SES:			
ONE ROOM ON STR	EET LEVEL WIT	H CELLAR FOR STO	OCK.		
I hereby certify and sw	vear under penalties	of perjury that:			
1. the renewed	d license will be of	the same type for the	same premises r	now licensed;	
	-	all laws of the Comm		ng to taxes; and	
3. the premise	es are now open for	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	IE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
We the undersigned,	. attest that we are	in possession (1) the	e certificate red	wired by Chant	ter 304 of the
Acts of 2004, signed	by the building in	spector and the head	of the fire dep	artment for the	above named
license and (2) the ce	ertificate of liquor	liability insurance re	equired by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					
DATE:			<u></u>		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000057		CITY OR TOW	N SOMERV	ILLE
APPLICATION FOR I	RENEWAL:	Annual	LIC	ENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	NEW ASIA RESTA	URANT INC.			
DOING BUSINESS A	NEW ASIA CHINI	ESE RESTAURAI	NT		
ADDRESS 324-28 SO	MERVILLE AVE.				
CITY/TOWN: SOME	ERVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER: LOH, S	SALLY W. K. TYPE	E OF LICENSE: Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	ES:			
4 DINING ROOMS, K	ITCHEN AND A ST	TORAGE ROOM	ON STREET LE	VEL.	
I hereby certify and sw	ear under penalties o	f perjury that:			
1. the renewed	license will be of th	e same type for the	e same premises n	ow licensed;	
2. the licensee	has complied with a	ll laws of the Com	monwealth relatin	g to taxes; and	
3. the premises	s are now open for b	usiness (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner o	r Authorized Corp	orate Officer		
	,	·			
DATE:			EMDI O	YER IDENTIFICA	TION NI IMPED.
DITTE.	TELEPHONE	NUMBER:		Individual Social	
			(e.ss.: <u></u>	marvidan Social	security (variable)
We the undersigned,	attest that we are i	n possession (1) th	e certificate requ	uired by Chap	ter 304 of the
Acts of 2004, signed b					
license and (2) the cer	rtificate of liquor lia	ability insurance	required by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	NSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 113000058		CITY OF	R TOWN	SOMERVI	LLE
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 335 SOM	A	LLC				
CITY/TOWN: SOM	IERVILLE	STATE: MA	ZIP (CODE:	02143	
MANAGER: CRO	WLEY, KEVIN TYP	E OF LICENSE:Re	staurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRES	S		
TWO ROOMS ON S ACCESSIBLE BATE SERVE ALCOHOLE	TREET LEVEL, KI' HROOMS AND BAS	TCHEN, TWO RES	RAGE. E			MISES TO
I hereby certify and s	wear under penalties	of perjury that:				
1. the renewe	ed license will be of t	he same type for the	same prer	nises now	licensed;	
	e has complied with			Ū	o taxes; and	
3. the premis	ses are now open for l	business (If not expl	ain below)			
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Offic	er		
DATE:	TELEPHON	E NUMBER:]	EMPLOYEI	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Not	e: NOT Inc	lividual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building ins	pector and the head	d of the fir	e depart	ment for the	above named
Please Check Below:			LOCAI	LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved expla	in)					
(aroupproved expin	,					
DATE:						
APPLICATION FOR RENEW	AL MUST RE EII ED RV LI	CENSEES DURING THE A	ONTH OF NO	VEMBER (M	IGL Ch 138 © 1	6A)
LICITION I ON NEIGH		CELOPED DOMINO THE IV		(17.	U. L. U. 1. 1. U U I	~- ·/



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ON PREMISES LICENSE RENEWAL APPLICATION

	113000059		CITY OR TOW.	i, sometime	LLL
APPLICATION FOR R	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: F	PORTUGUESE-AM	IERICAN LOUNG	E INC.		
DOING BUSINESS A	PAPAS SPORTS L	OUNGE AND RE	STAUANT		
ADDRESS 343-45 SOI	MERVILLE AVE.				
CITY/TOWN: SOME	RVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER: AMAR	AL, GERALDTYPE	E OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLF	EASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISE	ES:			
ONE LARGE ROOM V	WITH KITCHEN O	N STREET LEVE	L AND CELLAR	FOR STOCK.	
I hereby certify and swe	ear under penalties o	of perjury that:			
1. the renewed	license will be of th	ne same type for the	same premises no	ow licensed;	
2. the licensee	has complied with a	all laws of the Comr	nonwealth relating	g to taxes; and	
3. the premises	s are now open for b	usiness (If not expla	ain below)		
SIGNED BY:					
	Individual, Partner o	or Authorized Corpo	orate Officer		
	Individual, Partner o	or Authorized Corpo	orate Officer		
	Individual, Partner o	or Authorized Corpo	orate Officer		
				'ER IDENTIFICAT	TION NUMBER:
1	Individual, Partner o TELEPHONE		EMPLOY	'ER IDENTIFICAT Individual Social S	
DATE:	TELEPHONE	NUMBER:	EMPLOY (Note: <u>NOT</u>	Individual Social S	ecurity Number)
DATE: We the undersigned,	TELEPHONE attest that we are in	NUMBER: n possession (1) th	EMPLOY (Note: <u>NOT</u> e certificate requ	Individual Social S	er 304 of the
DATE: We the undersigned, a Acts of 2004, signed b	TELEPHONE attest that we are in by the building insp	NUMBER: n possession (1) the	EMPLOY (Note: <u>NOT</u> e certificate requ d of the fire depa	Individual Social S ired by Chaptortment for the	er 304 of the above named
DATE: We the undersigned, a Acts of 2004, signed b license and (2) the cere	TELEPHONE attest that we are in by the building insp	NUMBER: n possession (1) the	EMPLOY (Note: <u>NOT</u> e certificate requ d of the fire depa equired by Chap	Individual Social S ired by Chaptor rtment for the oter 116 of the	er 304 of the above named Acts of 2010.
DATE: We the undersigned, a Acts of 2004, signed b license and (2) the cer	TELEPHONE attest that we are in by the building insp	NUMBER: n possession (1) the	EMPLOY (Note: NOT) e certificate required to the fire depart equired by Chap	Individual Social S ired by Chaptortment for the	er 304 of the above named Acts of 2010.
DATE: We the undersigned, a Acts of 2004, signed b license and (2) the cerel end below: APPROVED:	TELEPHONE attest that we are in by the building insp	NUMBER: n possession (1) the	EMPLOY (Note: <u>NOT</u> e certificate requ d of the fire depa equired by Chap	Individual Social S ired by Chaptor rtment for the oter 116 of the	er 304 of the above named Acts of 2010.
DATE: We the undersigned, a Acts of 2004, signed b license and (2) the cere Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE attest that we are in by the building inspectificate of liquor lia	NUMBER: n possession (1) the	EMPLOY (Note: NOT) e certificate required to the fire depart equired by Chap	Individual Social S ired by Chaptor rtment for the oter 116 of the	er 304 of the above named Acts of 2010.
DATE: We the undersigned, a Acts of 2004, signed b license and (2) the cerel end below: APPROVED:	TELEPHONE attest that we are in by the building inspectificate of liquor lia	NUMBER: n possession (1) the	EMPLOY (Note: NOT) e certificate required to the fire depart equired by Chap	Individual Social S ired by Chaptor rtment for the oter 116 of the	er 304 of the above named Acts of 2010.
DATE: We the undersigned, a Acts of 2004, signed b license and (2) the cere Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE attest that we are in by the building inspectificate of liquor lia	NUMBER: n possession (1) the	EMPLOY (Note: NOT) e certificate required to the fire depart equired by Chap	Individual Social S ired by Chaptor rtment for the oter 116 of the	er 304 of the above named Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000060	(CITY OR TOWN SOMERVI	ILLE
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: MARSALA	A INC.		
DOING BUSINESS A MARSAI	_A		
ADDRESS 1127 BROADWAY			
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE: 02143	
MANAGER: PRADHAM, BIN	OJ TYPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	_
DESCRIPTION OF LICENSED	PREMISES:		
TWO ROOMS AND A KITCHE	N ON STREET LEVEL WIT	H CELLAR FOR STOCK.	
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license wi	ill be of the same type for the	same premises now licensed;	
2. the licensee has compl	ied with all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now of	open for business (If not expla	in below)	
SIGNED BY:			
	Partner or Authorized Corpor	rate Officer	
DATE:		EMPLOYER IDENTIFICA	TION NUMBER:
TEL.	EPHONE NUMBER:	(Note: NOT Individual Social S	
		, <u> </u>	, , , , , , , , , , , , , , , , , , , ,
We the undersigned, attest that			
Acts of 2004, signed by the buil license and (2) the certificate of			
	inquor nabinty insurance re	quired by Chapter 110 of the	Acts 01 2010.
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
DATE.			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000061		CITY OR TOWN SOMERY	ILLE
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: SERVICE E	BAR, LLC		
DOING BUSINESS A TRINA'S	STARLITE LOUNGE		
ADDRESS 3 BEACON STREET			
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE: 02143	
MANAGER: CHILDS, JOSHUA	TYPE OF LICENSE: Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED P	REMISES:		
ONE ROOM AND A KITCHEN O	ON STREET LEVEL WITH	CELLAR FOR STOCK	
I hereby certify and swear under pe	enalties of perjury that:		
1. the renewed license wil	l be of the same type for the	same premises now licensed;	
2. the licensee has complied	ed with all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now of	pen for business (If not expla	in below)	
SIGNED BY:			
	Partner or Authorized Corpo	rate Officer	
DATE:	EDITONIE NUMBER.	EMPLOYER IDENTIFICA	TION NUMBER:
TELE	EPHONE NUMBER:	(Note: NOT Individual Social	
			,
We the undersigned, attest that			
Acts of 2004, signed by the build license and (2) the certificate of			
	nquoi nabinty insurance it	quired by Chapter 110 or the	Acts of 2010.
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			
DITL.			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 113000062		CITY OR TOW	N SOMERVI	LLE
APPLICATION	N FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSIN	NESS A	ESE-AMER.CIVIC LEAG.	OF CAMB.& SOI	MERVLL	
	SPRINGFIELD ST.		2W 2075	001.10	
	SOMERVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER:	MENDONCA, IZIDRO B	TYPE OF LICENSE: Clu	ıb	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:		_		
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
	N OF LICENSED PE				
		EMENT-FRIST FLOOR O FFICE-BASEMENT WITH			
I hereby certify	and swear under per	nalties of perjury that:			
1. the 1	renewed license will	be of the same type for the	same premises no	ow licensed;	
2. the l	licensee has complie	d with all laws of the Comr	nonwealth relating	g to taxes; and	
3. the 1	premises are now op	en for business (If not expl	ain below)		
SIGNED BY:					
	Individual, P	Partner or Authorized Corpo	orate Officer		
DATE:	TELEI	PHONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004,	signed by the buildi	we are in possession (1) th ing inspector and the head iquor liability insurance r	d of the fire depa	rtment for the	above named
Please Check Belo	<u>w:</u>		LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE M	IONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 113000063		CITY OR TOWN	SOMERVI	LLE
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NA	AME: GEORGE DI	LBOY POST #529 INC	C. V.F.W. OF U.S.		
DOING BUSI	NESS A				
ADDRESS 37	1 SUMMER ST.				
CITY/TOWN:	SOMERVILLE	STATE: M	A ZIP CODE:	02143	
MANAGER:	HARDY JR., ROBERT W.	TYPE OF LICENSE:	Veterans club C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		L
	N OF LICENSED PF				
FIRST FLOOF	R WITH ONE ROOM	AND LOUNGE BASI	EMENT WITH THRE	E ROOMS.	
I hereby certify	and swear under per	nalties of perjury that:			
		be of the same type for	<u>*</u>		
2. the	licensee has complie	d with all laws of the Co	mmonwealth relating	to taxes; and	
3. the	premises are now ope	en for business (If not ex	kplain below)		
SIGNED BY:					
	Individual, P	artner or Authorized Co	rporate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT In-	dividual Social S	ecurity Number)
Wa the and a		(1)	41	ad ha Chant	au 204 af 4h a
		ve are in possession (1) ng inspector and the h			
		quor liability insuranc			
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE	ED:		·		
(If disapproved	l explain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 113000064		CITY OR TOW	N SUMERVI	ILLE
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: MARIACHI FOOI	DS INC.			
DOING BUSINESS	S A EL POTRO MEX	KICAN GRILL			
ADDRESS 61 UNIO	ON SQ				
CITY/TOWN: SO	MERVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER: POR	RTILLO, TYI ELIO	PE OF LICENSE:Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
INDOOR/OUTDO					
• •	swear under penalties				
		the same type for the	-		
	•	n all laws of the Comn		ig to taxes; and	
3. the prem	ises are now open for	business (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corpo	rate Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signe	ed by the building in	e in possession (1) the spector and the head liability insurance re	of the fire depart	artment for the	above named
Please Check Below:				ENSING AUTH	
APPROVED:			By:	# (SII (G 710 111	
DISAPPROVED:			J		
(If disapproved expl	lain)				
D 4 (TIE)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000065		CITY OR TOWN SOMERY	VILLE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: 381 SUMME	R STREET RESTAURAN	IT, INC	
DOING BUSINESS A Rosebud			
ADDRESS 381 SUMMER STREET	Γ		
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE: 02144	
MANAGER: Nichols, William	TYPE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF LICENSED PR	REMISES:		
THREE DINING ROOMS ON STR	REET LEVEL WITH CELI	LAR FOR STOCK.	
I hereby certify and swear under per	nalties of perjury that:		
1. the renewed license will	be of the same type for the	same premises now licensed;	
2. the licensee has complied	d with all laws of the Comm	nonwealth relating to taxes; and	d
3. the premises are now ope	en for business (If not expla	ain below)	
SIGNED BY:			
Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
ILLLI	HONE NOWBER.	(Note: NOT Individual Social	l Security Number)
We the undersigned, attest that w Acts of 2004, signed by the buildi			
license and (2) the certificate of li			
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		Ву:	
DISAPPROVED:		•	
(If disapproved explain)			
		-	
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	13000066		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
K. EMAIL ADDRESS:	THE INDEPENDE ON SQUARE	ROPERTIES, INC. NT STATE: MA OF LICENSE: Res		02143 CATEGORY:	
DESCRIPTION OF LIC TWO ROOMS AND KI			CELL AD EOD CH	TO CIV	
2. the licensee h	ar under penalties of license will be of the has complied with al are now open for bu	e same type for the	onwealth relating		
SIGNED BY:	ndividual, Partner or	· Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed by license and (2) the cert	the building inspe	ector and the head	of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	SING AUTH	ORITY
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000067		CITY OR TOW	N SOMERVI	ILLE
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	Restaurant LaM	Iexicana, Inc			
DOING BUSINESS A	Restaurant Lal	Mexicana			
ADDRESS 241 WASI	HINGTON ST.				
CITY/TOWN: SOM	ERVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER: Carolin	na, Rendon	ΓΥΡΕ OF LICENSE: <mark>R</mark>	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PRE	MISES:			
ONE ROOM, KITCH	EN ON STREE	T LEVEL. CELLAR F	OR STOCK.		
I hereby certify and sw	ear under penal	ties of perjury that:			
1. the renewed	d license will be	of the same type for th	ne same premises no	w licensed;	
2. the licensee	has complied v	with all laws of the Con	nmonwealth relating	g to taxes; and	
3. the premise	s are now open	for business (If not exp	olain below)		
SIGNED BY:					
	Individual, Part	ener or Authorized Cor	porate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOY	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT	Individual Social S	Security Number)
					204 6.7
		are in possession (1) t inspector and the he			
		or liability insurance			
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000069		CITY OR TOW	N SOMERVI	ILLE
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TAMARIO,INC.				
DOING BUSINESS A	A DALI RESTAU	RANT			
ADDRESS 415-419 V	VASHINGTON S	ГREET			
CITY/TOWN: SOM	ERVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER: MARI	O,LION TY	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREM	ISES:			
THREE DINING ROO	OMS AND A KIT	CHEN ON STREET	LEVEL WITH C	ELLAR FOR ST	ГОСК.
I hereby certify and sw	vear under penaltie	es of perjury that:			
1. the renewe	d license will be o	f the same type for the	e same premises no	ow licensed;	
2. the licenses	e has complied wit	h all laws of the Com	monwealth relatin	g to taxes; and	
3. the premise	es are now open fo	r business (If not expl	ain below)		
SIGNED BY:			O.S.		
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE					
DATE:	TELEPHO!	NE NUMBER:		YER IDENTIFICAT	
			(Note: <u>NOT</u>	Individual Social S	security Number)
We the undersigned					
Acts of 2004, signed license and (2) the ce					
ncense and (2) the ce	runcate of fiquor	manify msurance i	required by Chap	her 110 of the	Acts 01 2010.
Please Check Below:				NSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explai	 n)				
(11 disapproved explain	 /				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113	1000070		CITY OR TO	WN SUMERV	ILLE
APPLICATION FOR RE	NEWAL:	Annual	LIC	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: PLI	PB DDBG LLC				
DOING BUSINESS A D	ECO RESTAURA	NT			
ADDRESS 421-27 WASH	HINGTON ST				
CITY/TOWN: SOMERY	VILLE	STATE: MA	ZIP CODE	E: 02143	
MANAGER: BUBEN, I	PATRICK TYPE	OF LICENSE:R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICE	NSED PREMISES	:			
FOUR ROOMS AND KIT	TCHEN ON STRE	ET LEVEL WIT	TH CELLAR FO	R STOCK.	
I hereby certify and swear	under penalties of	perjury that:			
1. the renewed lic	cense will be of the	same type for th	e same premises	now licensed;	
2. the licensee ha	s complied with all	laws of the Con	nmonwealth relat	ing to taxes; and	
3. the premises ar	re now open for bus	siness (If not exp	olain below)		
SIGNED BY:					
	lividual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEDIJONE N	HIMDED.	EMPL	OYER IDENTIFICA	TION NUMBER
	TELEPHONE N	NUMBER:		$\underline{\mathbf{T}}$ Individual Social	
					•
We the undersigned, att					
Acts of 2004, signed by the license and (2) the certification					
	reace of inquot ina	my msurance	required by en	apter 110 or the	1100 01 2010.
Please Check Below:				ENSING AUTH	IORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
(11 disapproved expialli)					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 113000071		CITY OR TOWN	SOMERVII	LLE
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20	013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 158 BOS	A PESCATORE				
CITY/TOWN: SON	MERVILLE	STATE: MA	ZIP CODE:	02143	
	ONOPANE, TY	PE OF LICENSE: Res	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF DINING ROOM, BASEMENT.		SES:) RESTROOMS ON S	STREET LEVEL W	TTH STORA	GE IN
2. the licens	see has complied with ses are now open for	the same type for the nall laws of the Comrebusiness (If not explant or Authorized Corpo	nonwealth relating to		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	R IDENTIFICAT lividual Social So	
Acts of 2004, signe	d by the building in	e in possession (1) the spector and the head liability insurance r	l of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explains)	ain)		LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113	3000072		CI	ΓY OR TOWN	SOMERVI	LLE
APPLICATION FOR RE	NEWAL:	Annu CLA		LICE	NSED FOR 20	013 YEAR
LICENSEE NAME: DD DOING BUSINESS A H ADDRESS 30 WASHING	OLIDAY INN C					
CITY/TOWN: SOMERY	VILLE .	STATE:	MA	ZIP CODE:	02143	
MANAGER: HARVEY	, JAMES TYP	E OF LICEN	SE:Innhold	ler (CATEGORY:	All Alcohol
EMAIL ADDRESS: PLEAS DESCRIPTION OF LICE 9 STORY BLDG., MEET		ES:			& COCKTAII	L
LOUNGE SEATING CAL SWIMMING POOL. ALS					D AN ENCLO	OSED
1. the renewed lic 2. the licensee ha 3. the premises an SIGNED BY:	s complied with	all laws of the business (If no	e Commony ot explain b	wealth relating		
DATE:	TELEPHONI	E NUMBER:			ER IDENTIFICAT	
We the undersigned, att Acts of 2004, signed by license and (2) the certif	the building ins	pector and th	e head of	the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICEN sy:	ISING AUTH	ORITY
DATE:			_			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X : 113000073		CITY OR TOWN	SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	MIKE'S BAR COR A PARISE'S CAFE HINGTON ST	PORATION			
CITY/TOWN: SON		STATE: MA	ZIP CODE:	02143	
MANAGER: PAR D.	ISE, ROBERT TYP	E OF LICENSE: Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		IAIL ADDRESS		
	LICENSED PREMIS		ELLAD EOD STO)CV	
	swear under penalties		ELLAK FOR STC	JCK.	
	yed license will be of the		same premises no	w licensed:	
	ee has complied with	• 1	•		
	ses are now open for b		C		
SIGNED BY:			0.07		
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:					WOLLDWIN (DED
DATE.	TELEPHONI	E NUMBER:		ER IDENTIFICAT ndividual Social S	
			(******* <u>=.5=</u> 1	narviduai Boeiai B	recurry (values)
Acts of 2004, signed	d, attest that we are i d by the building ins certificate of liquor l	pector and the head	of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	ISING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000074		CITY OR TO	WIN SUMERVI	LLE
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 307 SOMI CITY/TOWN: SOMI MANAGER: CERN EMAIL ADDRESS:	RESTAURAN ERVILLE AVE ERVILLE	SONS,INC. IT TURISTICO MACE STATE: MA TYPE OF LICENSE:Re	ZIP CODE	E: 02143 CATEGORY:	All Alcohol
	EASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
RESTROOMS ON ST I hereby certify and sw 1. the renewed 2. the licensee	OM, TWO SMA REET LEVEL Year under penaled license will be that complied w	ALLER DINING ROOF WITH CELLAR FOR S	STORAGE OF S e same premises monwealth relati	TOCK now licensed;	
SIGNED BY:	Individual, Part	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT Individual Social S	
Acts of 2004, signed	by the building	are in possession (1) the inspector and the heat or liability insurance in the second	d of the fire dep	partment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000075		CITY OR TOWN SOMERV	ILLE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 115 ALEV CITY/TOWN: SOMI MANAGER: DEVL EMAIL ADDRESS: PI DESCRIPTION OF L	VIFE BROOK PW ERVILLE IN, TERENCETYP LEASE ALSO VISIT OUR WE	STATE: MA PE OF LICENSE: Pac	ZIP CODE: 02144 kage Store CATEGORY:	All Alcohol
ONE STORE ON STE			OCK.	
2. the licensee	has complied with as are now open for	* *		
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social i	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENSING AUTH By:	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 113000076		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR	R RENEWAL:	Annual LICENSED FOR 2013			013
		CLASS			YEAR
LICENSEE NAME:	FOODMASTER SUPER	R MARKETS, I	NC.		
DOING BUSINESS	A JOHNNIE'S FOODMA	ASTER			
ADDRESS 47-49 BE	EACON ST				
CITY/TOWN: SOM	MERVILLE S	TATE: MA	ZIP CODE:	02145	
MANAGER: DEJE	ESUS, JOHN A. TYPE OI	F LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	IAIL ADDRESS		L
DESCRIPTION OF I	LICENSED PREMISES:				
ONE ROOM WITH	REAR ROOM ON STRE	ET LEVEL AN	D CELLAR FOR ST	госк.	
I hereby certify and s	wear under penalties of pe	erjury that:			
1. the renewe	ed license will be of the sa	me type for the	same premises now	licensed;	
2. the license	ee has complied with all la	ws of the Comn	nonwealth relating to	taxes; and	
3. the premis	ses are now open for busin	ess (If not expla	in below)		
SIGNED BY:					
	Individual, Partner or A	uthorized Corpo	rate Officer		
DATE:	TELEPHONE NU	IMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expla	in)				
(ii disappioved expia	111)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 1130000//		CITY OR TOWN SOMER	/ ILLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSII	AME: PRASHANT NESS A SEVEN HI 8-90 BEACON ST	LLS WINE & SPIRITS		
	SOMERVILLE	STATE: MA	ZIP CODE: 02143	
MANAGER:	PATEL, PRASHANT	TYPE OF LICENSE:P	ackage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
ONE LARGE	ROOM ON STREET	Γ LEVEL.		
	premises are now op	ed with all laws of the Consen for business (If not expenses of the Consense o		
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC. (Note: NOT Individual Socia	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTI By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 113000078		CITY OR TOWN SOMER	VILLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: MAJOTA,ING			
ADDRESS 15	2- BOSTON AVE			
CITY/TOWN:	SOMERVILLE	STATE: MA	ZIP CODE: 02144	
MANAGER:	CROWLEY'S LIQUORS	TYPE OF LICENSE: Pa	ckage Store CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	<u></u>
	N OF LICENSED PR			
	S SQUARE FOOTAG y and swear under pen	E FROM 680 SQ. FT. TO	O 1312 FT .	
	premises are now ope	with all laws of the Comn for business (If not exp		d
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 113000079		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR RENEWAL: Annual			LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME	: THE SQUA	RE BEVERAGE CO. I	NC.		
DOING BUSINESS	S A SULLIVA	N SQUARE LIQUORS			
ADDRESS 30 BRC	DADWAY				
CITY/TOWN: SO	MERVILLE	STATE: N	AA ZIP CODE:	02145	
MANAGER: NO	ΓI, ELIO	TYPE OF LICENSE	:Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS		-
DESCRIPTION OF	LICENSED P	REMISES:			
ONE STORE WITH FOR STOCK.	H REAR ROOM	M ON STREET LEVEL	REAR ROOM AND C	ELLAR TO I	BE USED
I hereby certify and	swear under pe	enalties of perjury that:			
1. the renev	wed license will	be of the same type for	r the same premises now	licensed;	
2. the licen	see has complie	ed with all laws of the C	Commonwealth relating t	o taxes; and	
	_	en for business (If not e	_		
SIGNED BY:					
SIGNED B1.	Individual, I	Partner or Authorized C	orporate Officer		
DATE:	TELE	PHONE NUMBER:	EMPLOYEI	R IDENTIFICAT	ION NUMBER:
	1222	2 1101 (2 1 (01/12 210)	(Note: NOT Inc	lividual Social S	ecurity Number)
DI CLIDI					
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved expl	lain)				
	,				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 113000080		CITY OR TOWN SOMER	VILLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: AKAK, INC. NESS A ALEXAND			
ADDRESS 78	-78B BROADWAY			
CITY/TOWN:	SOMERVILLE	STATE: MA	ZIP CODE: 02145	
MANAGER:	KUSHNIRSKY, ALEXANDER	TYPE OF LICENSE: Pa	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PF	REMISES:		
	premises are now ope	d with all laws of the Comen for business (If not exp		nd
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000081		CITY OR TO	WN SUMERVI	ILLE
APPLICATION FOR I	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: \text{ DOING BUSINESS A}	WINTER HILL LIC	Q MART,INC.			
ADDRESS 311-13 BR	OADWAY				
CITY/TOWN: SOME	RVILLE	STATE: MA	ZIP CODE	E: 02145	
MANAGER: FOLEY	, FRANCINETYP	E OF LICENSE:Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	ES:			
ONE STORE WITH R STOCK.	EAR ROOM ON S	TREET LEVEL/ R	EAR ROOM AN	ID CELLAR FO	R
3. the premises	s are now open for	all laws of the Combusiness (If not exposer	lain below)	ng to taxes; and	
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICATE Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	13000082		CITY OR TO	WN SOMERVI	LLE
APPLICATION FOR R	ENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: C DOING BUSINESS A ADDRESS 716 BROAL CITY/TOWN: SOME	BALL SQUARE		ZIP CODI	E: 02144	
MANAGER: LIANOS	, CHRIS TY	PE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
2. the licensee h	AR ROOM AND ar under penalties icense will be of has complied with	CELLAR FOR ST	ne same premises nmonwealth relat		
SIGNED BY:	ndividual, Partner	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICAT T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIC By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000083		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: GAM RO, INC	•			
DOING BUSINESS A TEELE SQUA	ARE LIQUORS			
ADDRESS 1119 BROADWAY -23				
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE:	02144	
MANAGER: KIM, KUM LAN	ΓΥΡΕ OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
TWO STORES ON STREET LEVEL I hereby certify and swear under penal 1. the renewed license will be 2. the licensee has complied v 3. the premises are now open	ties of perjury that: of the same type for the with all laws of the Comm	same premises now nonwealth relating to		
SIGNED BY: Individual, Part	tner or Authorized Corpo	rate Officer		
DATE: TELEPH	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000085		CITY OR TO	WN SOMERV	ILLE
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	WOODY'S, INC				
DOING BUSINESS A	WOODY'S LIC	QUORS			
ADDRESS 523 BROA	DWAY				
CITY/TOWN: SOME	ERVILLE	STATE: MA	ZIP COD	E: 02144	
MANAGER: WOOL	, JOHN T	YPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUF	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREM	MISES:			
ONE ROOM STREET AND ONE EXIT AT 5			OF 11 SQ. FEET	WITH ONE EN	TRANCE
2. the licensee	has complied w	of the same type for the ith all laws of the Confor business (If not exp	nmonwealth relat		
SIGNED BY:	Individual, Partı	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICA T Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIC	CENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000086		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: BARGAIN S DOING BUSINESS A DOWNTO	_	,INC		
ADDRESS 225-31 ELM ST				
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE:	02144	
MANAGER: PARSONS, DEWITT C.	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		-
DESCRIPTION OF LICENSED PL	REMISES:			
ONE STORE ON STREET LEVE	L WITH CELLAR FOR ST	ГОСК		
I hereby certify and swear under pe	nalties of perjury that:			
1. the renewed license will	be of the same type for the	e same premises now	licensed;	
2. the licensee has complie	ed with all laws of the Com	monwealth relating to	o taxes; and	
3. the premises are now op		•	,	
	, 1	,		
SIGNED BY: Individual, F	Partner or Authorized Corp	orate Officer		
DATE: TELE	PHONE NUMBER:			ION NUMBER:
		(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:	11107101110	SKIT I
DISAPPROVED:		By.		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 113000087		CITY OR TOWN SOME	EKVILLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
DOING BUSI	AME: JOE'S LIQUOR, IN NESS A 0-66 BROADWAY	C.		
CITY/TOWN:	: SOMERVILLE	STATE: MA	ZIP CODE: 02144	1
MANAGER:	ROBICHAUD, TYP.	E OF LICENSE:Pac	kage Store CATEGO	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PREMIS TORE ON STREET LEVE			
			in below)	and
DATE:	TELEPHONI	E NUMBER:	EMPLOYER IDENTII (Note: <u>NOT</u> Individual So	FICATION NUMBER: ocial Security Number)
Please Check Bel APPROVED: DISAPPROVI	ED:		LOCAL LICENSING AU By:	JTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000089		CITY OR TOWN	SOMERVI	LLE	
APPLICATION FOR	RENEWAL:	Annual	Annual LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME:	VEID CORP.					
DOING BUSINESS A	O'BRIEN'S	LIQUORS				
ADDRESS 158 HIGH	LAND AVE					
CITY/TOWN: SOM	ERVILLE	STATE: N	MA ZIP CODE:	02145		
MANAGER: PATE	L,RAKESH	TYPE OF LICENSE	E:Package Store C.	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		_	
DESCRIPTION OF L	ICENSED PR	EMISES:				
ONE STORE WITH I STOCK.	REAR ROOM	ON STREET LEVEL	- REAR ROOM AND (CELLAR FOI	R	
I hereby certify and sw	ear under pen	alties of perjury that:				
1. the renewed	d license will	be of the same type for	r the same premises now	licensed;		
2. the licenses	has complied	l with all laws of the C	Commonwealth relating t	o taxes; and		
3. the premise	es are now ope	en for business (If not	explain below)			
SIGNED BY:						
SIGNED D1.	Individual, Pa	artner or Authorized C	Corporate Officer			
DATE:	TELEP	HONE NUMBER:	EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:	
	IEEEI	HORE IVENIBER.	(Note: NOT Inc	dividual Social S	Security Number)	
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY	
APPROVED: DISAPPROVED:			By:			
(If disapproved explain)						
(ii disappioved expidi	·· <i>)</i>					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 11	3000090		CI	TY OR TOWN	SOMERVI	LLE
APPLICATION FOR RENEWAL: Annual			LICEN	SED FOR 20)13	
		CLA	SS			YEAR
LICENSEE NAME: H DOING BUSINESS A S ADDRESS 235 HIGHLA	SOMERVILLE	WINE & SPIR	ITS			
CITY/TOWN: SOMER	VILLE	STATE:	MA	ZIP CODE:	02145	
MANAGER: PATEL, HANSAV		PE OF LICEN	SE:Packag	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LICE	ENSED PREM	ISES:				
ONE LARGE RROM OF	N STREET LE	VEL WITH CE	LLAR FO	R STORAG E O	F STOCK.	
I hereby certify and swea	r under penaltie	es of perjury tha	ıt:			
1. the renewed li	icense will be o	f the same type	for the san	ne premises now	licensed;	
2. the licensee h	as complied wit	th all laws of the	e Common	wealth relating to	o taxes; and	
3. the premises a	-			_		
	1	`		,		
SIGNED BY:	dividual, Partne	er or Authorized	d Corporate	e Officer		
DATE:						Y0111111111111111111111111111111111111
DATE.	TELEPHO!	NE NUMBER:		(Note: NOT Inc		TON NUMBER: ecurity Number)
				·		,
Please Check Below:			I	OCAL LICENS	SING AUTHO	ORITY
APPROVED: By:						
DISAPPROVED:				•		
(If disapproved explain)						
			-			
DATE:			-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000091		CITY OR TOWN	SOMERVILLE		
APPLICATION FOR RENEWAL:	RENEWAL: Annual LICENSED FOR 2013				
	CLASS		YEAR		
LICENSEE NAME: T & T OCEAN INC.					
DOING BUSINESS A T & T OCEAN LIQU	ORS				
ADDRESS 8 MAIN ST					
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE:	02145		
MANAGER: NGUYEN, THINH TYPE C DUC	OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EN	MAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:					
ONE STORE WITH THREE REAR ROOMS FOR STOCK.	ON STREET L	EVEL- REAR ROO	M AND CELLAR		
I hereby certify and swear under penalties of p	perjury that:				
1. the renewed license will be of the s	same type for the	same premises now	licensed;		
2. the licensee has complied with all	laws of the Comp	nonwealth relating to	taxes; and		
3. the premises are now open for busing	ness (If not expla	nin below)			
SIGNED BY:					
Individual, Partner or A	Authorized Corpo	orate Officer			
DATE: TELEPHONE N	UMBER:		EMPLOYER IDENTIFICATION NUMBER:		
		(Note: NOT Ind	ividual Social Security Number)		
Please Check Below:		LOCAL LICENS	ING AUTHORITY		
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000092	CITY OR TOWN SOMERVILLE			
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013			
CLASS	YEAR			
LICENSEE NAME: STARL LIQUORS INC				
DOING BUSINESS A SAV-MOR DISCOUNT LIQUOR	S			
ADDRESS 15-17R MC GRATH HWY				
CITY/TOWN: SOMERVILLE STATE: M	MA ZIP CODE: 02143			
MANAGER: WEINER, TYPE OF LICENSE BENJAMIN L	:Package Store CATEGORY: All Alcohol			
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS			
DESCRIPTION OF LICENSED PREMISES:				
TWO STORY BLDG. CONSISTING OF FIRST FLOOR SECOND FLOOR FOR STORAGE.	FOR SELLING AND ONE ROOM ON			
 the renewed license will be of the same type for the licensee has complied with all laws of the C the premises are now open for business (If not e 	Commonwealth relating to taxes; and			
SIGNED BY: Individual, Partner or Authorized C	orporate Officer			
DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)				
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY			
DISAPPROVED:	By:			
(If disapproved explain)	·			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	13000093		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: H	IIMGIRL ENTERPRIS	ES INC.			
DOING BUSINESS A	K-2 BEER & WINE				
ADDRESS 500 MEDFO	ORD ST				
CITY/TOWN: SOME	RVILLE S	TATE: MA	ZIP CODE:	02145	
MANAGER: PRADH	IAN, BIKAS TYPE OF	LICENSE: Pac	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION OF LIC	CENSED PREMISES:				
ONE STORE ON STRE	EET LEVEL WITH CE	LLAR FOR ST	OCK.		
I hereby certify and swe	ar under penalties of pe	rjury that:			
1. the renewed	license will be of the sa	me type for the	same premises now	licensed;	
2. the licensee l	has complied with all la	ws of the Comr	nonwealth relating to	taxes; and	
3. the premises	are now open for busin	ess (If not expl	ain below)		
SIGNED BY:					
I	ndividual, Partner or Au	thorized Corpo	orate Officer		
DATE:	TELEPHONE NU	MBER:			TON NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:	1107101110	31411
DISAPPROVED:			-3.		
(If disapproved explain))				
DATE:					
DAIL.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	13000094		CI	TY OR TOWN	SOMERVI	LLE
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2			NSED FOR 20	013		
		CLAS	SS			YEAR
LICENSEE NAME: R DOING BUSINESS A						
ADDRESS 45 UNION	SQUARE					
CITY/TOWN: SOME	RVILLE	STATE:	MA	ZIP CODE:	02143	
MANAGER: PARK, SOOK	YOUNG	TYPE OF LICEN	SE:Packag	ge Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT O	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF LIC	ENSED PRI	EMISES:				
ONE ROOM ON STRE	ET LEVEL '	WITH BASEMEN	Γ FOR ST	OAGE OF STO	OCK.	
I hereby certify and swe	ar under pena	alties of perjury tha	t:			
1. the renewed	license will b	e of the same type	for the san	ne premises nov	v licensed;	
2. the licensee h	nas complied	with all laws of the	Common	wealth relating	to taxes; and	
	_	n for business (If no		_	,	
	1	`	1	,		
SIGNED BY:	ndividual, Pa	rtner or Authorized	l Corporate	e Officer		
DATE:	TELEPI	HONE NUMBER:			ER IDENTIFICAT	
				(Note: <u>NOT</u> In	ndividual Social S	security Number)
Please Check Below: APPROVED:				LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED:			Ŀ	By:		
(If disapproved explain)						
(ii disupproved explain)						
			-			
DATE:			-			_



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 113000095		CITY OR TOWN SOMER	.VILLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: MVP LIQUO NESS A SAV-MOR 53 MYSTIC VALLI	LIQUORS		
CITY/TOWN:	SOMERVILLE	STATE: MA	ZIP CODE: 02144	
MANAGER:	WEINER, LAWRENCE A.	TYPE OF LICENSE:P8	ackage Store CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
ONE STORE	WITH REAR ROOM	4 ON STREET LEVEL R	EAR ROOM FOR STOCK.	
	premises are now op	een for business (If not experiment or Authorized Corp		id .
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000097		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 00329- SC	JERRY'S LIQUOR				
CITY/TOWN: SOM		STATE: MA	ZIP CODE:	02143	
MANAGER: ROMA	AO, MARIA F TYPI	E OF LICENSE:Pac	kage Store (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF L	LEASE ALSO VISIT OUR WEE ICENSED PREMISI		IAIL ADDRESS		
2. the licensee	wear under penalties of dicense will be of the has complied with a ser are now open for b	ne same type for the all laws of the Comm	nonwealth relating		
SIGNED BY:	Individual, Partner of	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:113000098	CITY OR TOWN SOMERVILLE				
APPLICATION FOR RENEWAL: An			1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	SASHA GAE	BRIELLA WOOD EN	ITERPR	ISES CORP.		
DOING BUSINESS	A WOODY'S					
ADDRESS 594-96 S	OMERVILLE	AVE				
CITY/TOWN: SOM	IERVILLE	STATE:	MA	ZIP CODE:	02143	
MANAGER: LAM	, THANG M.	TYPE OF LICENS	E:Packa	ge Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER Y	OUR EMAI	L ADDRESS		_
DESCRIPTION OF I	LICENSED PR	REMISES:				
$3000 \; \mathrm{SQ} \; \mathrm{FT} \; \mathrm{STORE} \\ \mathrm{STOCK}$	ON STREET	LEVEL WITH ONE	FRONT	ENTRANCE A	AND BASEME	ENT FOR
	ses are now ope	d with all laws of the en for business (If not artner or Authorized	explain	below)	g to taxes; and	
DATE:	TELEF	PHONE NUMBER:			ER IDENTIFICAT	
Please Check Below:				LOCAL LICE	NSING AUTHO	ORITY
APPROVED: DISAPPROVED:				By:		
(If disapproved explain)						
· · · · · · · · · · · · · · · · · · ·	,					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113	000100		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR REM	NEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: LA DOING BUSINESS A ADDRESS 318 SOMERV		AL FOOD CORP	ORATION		
CITY/TOWN: SOMERV	'ILLE	STATE: MA	ZIP CODE:	02143	
MANAGER: CABRERA EDUARD		OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LICE ONE STORE WITH REA I hereby certify and swear 1. the renewed lice	R ROOM ON STI under penalties of ense will be of the complied with all	S: REET LEVEL RI perjury that: same type for the I laws of the Com	EAR ROOM FOR ST e same premises now monwealth relating to	licensed;	
SIGNED BY:	ividual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTHO	ORITY
DATE:			<u> </u>		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000101		CITY OR TOWN	SOMERVILLE
APPLICATION FOR RENEWAL	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: THE WINE DOING BUSINESS A ADDRESS 405-07 WASHINGTO CITY/TOWN: SOMERVILLE MANAGER: COMERFORD, DANIEL P	CASK,INC.	ZIP CODE: ckage Store CA	02145 ATEGORY: All Alcohol
EMAIL ADDRESS: PLEASE ALSO VISE DESCRIPTION OF LICENSED P			
TWO ROOMS AND REAR ROO! STOCK.	M ON STREET LEVEL W	ITH REAR ROOM A	AND CELLAR FOR
2. the licensee has complied 3. the premises are now opposed SIGNED BY:	be of the same type for the	monwealth relating to ain below)	
DATE: TELE	PHONE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 11300	0102	CITY OR TOWN	SOMERVILLE
APPLICATION FOR RENE	EWAL: Annu	ual LICENS	SED FOR 2013
	CLA	SS	YEAR
LICENSEE NAME: ENK,	INC		
DOING BUSINESS A LIL	PEACH		
ADDRESS 90 WASHINGT	ON STREET		
CITY/TOWN: SOMERVII	LLE STATE:	MA ZIP CODE:	02145
MANAGER: KHOURY, I	ELIE TYPE OF LICEN	SE:Package Store CA	ATEGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
ONE ROOM AND ONE ST	ORAGE ROOM ON STRE	EET LEVEL.	
I hereby certify and swear ur	nder penalties of perjury tha	ıt:	
1. the renewed licer	se will be of the same type	for the same premises now	licensed;
2. the licensee has c	omplied with all laws of the	e Commonwealth relating to	taxes; and
3. the premises are	now open for business (If no	ot explain below)	
SIGNED BY:			
Indiv	idual, Partner or Authorized	l Corporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER:
		(Note: NOT Indi	ividual Social Security Number)
Please Check Below:		YOU'L YARRYA	N.G. AVENADATA
APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
• /			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 113000104		CITY OR TOWN	N SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: FRAIMAN ENTI	ERPRISES, INC			
DOING BUSINESS	A SOMERVILLE	THEATRE			
ADDRESS 55 DAV	'IS SQ				
CITY/TOWN: SO	MERVILLE	STATE: MA	ZIP CODE:	02144	
MANAGER: FRA	AIMAN, TY HARD	YPE OF LICENSE: Res	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		_
DESCRIPTION OF					
_		NE ENTRANCE AND	EXIT		
I hereby certify and	•	1 0 0			
		f the same type for the	•		
	•	th all laws of the Comn	_	g to taxes; and	
3. the prem	ises are now open for	or business (If not expla	in below)		
SIGNED BY:	In P. 11 of Deader		000		
	individual, Partne	er or Authorized Corpo	rate Officer		
DATE					
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT Individual Social S	
			(100c. <u>1101</u>)	ilidividual Social S	security Number)
		re in possession (1) the			
		nspector and the head r liability insurance re			
ncense and (2) the	cer unicate or fiquo	i nability insurance i	equired by Chap	ter 110 or the	Acts 01 2010.
Please Check Below: APPROVED:			LOCAL LICEN	NSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expl	lain)				
	,				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000105	C	ITY OR TOWN SOMERVILLE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: UNION SQUA	RE GROUP,INC.		
DOING BUSINESS A PRECINCT			
ADDRESS 70 UNION SQUARE			
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE: 02143	
MANAGER: KELLY, KENNETH K.	ΓΥΡΕ OF LICENSE: Restar	urant CATEGORY: All Alcoho	ol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION OF LICENSED PRE	MISES:		
BASEMENT LEVEL RESTAURAN' OUTSIDE PATIO AND A BASEME ALCOHOLIC BEVERAGES AT OU	NT LEVEL PATIO.ALTE	ROOM, KITCHEN IN REAR, RATION TO INCLUDE SERVICE OF	
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the sa	me premises now licensed;	
2. the licensee has complied v		<u> </u>	
3. the premises are now open	for business (If not explain	below)	
SIGNED BY: Individual, Par	ner or Authorized Corpora	te Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBE (Note: NOT Individual Social Security Number)	
We the undersigned, attest that we Acts of 2004, signed by the building	are in possession (1) the c inspector and the head o		er) ne ned
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liqu	are in possession (1) the c inspector and the head o for liability insurance req	(Note: <u>NOT</u> Individual Social Security Number ertificate required by Chapter 304 of the fire department for the above name	er) ne ned
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liques Please Check Below: APPROVED:	are in possession (1) the c inspector and the head o for liability insurance req	(Note: <u>NOT</u> Individual Social Security Number ertificate required by Chapter 304 of the fire department for the above namulated by Chapter 116 of the Acts of 201	er) ne ned
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liques Check Below: APPROVED: DISAPPROVED:	are in possession (1) the c inspector and the head o for liability insurance req	(Note: NOT Individual Social Security Number ertificate required by Chapter 304 of the fire department for the above namuired by Chapter 116 of the Acts of 201 LOCAL LICENSING AUTHORITY	er) ne ned
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liques Please Check Below: APPROVED:	are in possession (1) the c inspector and the head o for liability insurance req	(Note: NOT Individual Social Security Number ertificate required by Chapter 304 of the fire department for the above namuired by Chapter 116 of the Acts of 201 LOCAL LICENSING AUTHORITY	er) ne ned
We the undersigned, attest that we Acts of 2004, signed by the building license and (2) the certificate of liques Check Below: APPROVED: DISAPPROVED:	are in possession (1) the c inspector and the head o for liability insurance req	(Note: NOT Individual Social Security Number ertificate required by Chapter 304 of the fire department for the above namuired by Chapter 116 of the Acts of 201 LOCAL LICENSING AUTHORITY	er) ne ned



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 113000106		CITY OR TOWN	SOMERVILLE	
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 212 HO		GOVIC			
CITY/TOWN: SO!	MERVILLE	STATE: MA	ZIP CODE:	02144	
MANAGER: JUST HAR		PE OF LICENSE:Re	staurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W		MAIL ADDRESS		
BAR, DINING ROO	LICENSED PREMISOM AND KITCHEN TO AREA AND PAR	ON STREET LEVE		TT FOR STORAGE	
	see has complied with ises are now open for Individual, Partner		ain below)	o taxes; and	
DATE:	TELEPHON	IE NUMBER:		LIDENTIFICATION NUMBER: ividual Social Security Number)	
Acts of 2004, signe	d by the building ins	spector and the hea	d of the fire departı	ed by Chapter 304 of the ment for the above named r 116 of the Acts of 2010.	i
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 113000109		CITY OR TOWN	SOMERVII	LLE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS			YEAR
	VINCENT MIGLION A VINNY'S AT NIGH				
CITY/TOWN: SON		STATE: MA	ZIP CODE:	02145	
MANAGER: MIG		OF LICENSE: Re		ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
DINING AREA AN	LICENSED PREMISE D DELI ON STREET I DINING AREA AND :	LEVEL, A KITCH		OM ONE HA	LF
2. the licens 3. the premi	red license will be of the ee has complied with al ses are now open for bu	ll laws of the Com	nonwealth relating to		
SIGNED BY:	Individual, Partner or	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
Acts of 2004, signed	d, attest that we are in d by the building inspo certificate of liquor lia	ector and the head	d of the fire departr	nent for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 113000110		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	AMELIA'S KIT	CHEN, INC.			
DOING BUSINESS	A AMELIA'S KI	TCHEN			
ADDRESS 1137 BRO	DADWAY				
CITY/TOWN: SOM	ERVILLE	STATE: MA	ZIP CODE:	02144	
MANAGER: SUSI	DELIO T	YPE OF LICENSE:	Restaurant (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:]
I	PLEASE ALSO VISIT OUF	R WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF I					
FIRST FLOOR PREM SEATING AREA 28 STORAGE IN BASE	SEATS,14 TABI				
I hereby certify and s	-	ies of perjury that: of the same type for t	ha sama pramisas nos	y ligansadı	
		vith all laws of the Co	-		
	-	for business (If not ex	•	to taxes, and	
SIGNED BY:					
	Individual, Parti	ner or Authorized Con	porate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYI	ER IDENTIFICAT	TON NUMBER:
	122211	31,21,01,1221	(Note: NOT I	ndividual Social S	ecurity Number)
Acts of 2004, signed	by the building	are in possession (1) inspector and the ho or liability insurance	ead of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED: Lagrangian (If disapproved explain)	in)				
(11 disappioved expia	··· <i>i</i>				
DATE:					_



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 11300	0113	CITY OR TOWN	SOMERVILLE
APPLICATION FOR RENE	WAL: Annual	LICENS	ED FOR 2013
	CLASS		YEAR
	GES NEIGHBORHOOD RES' GHBORHOOD RESTAURAN		
CITY/TOWN: SOMERVII	LE STATE: M	IA ZIP CODE:	02143
MANAGER: BORGES, SI	HEILA TYPE OF LICENSE	:Restaurant CA	TEGORY: Wine and Malt Regular
	SO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF LICENS	SED PREMISES:		
RECTANGULAR SHAPED ON FIRST FLOOR, KITCH	DINING ROOM, SEATS 48 EN IN BASEMENT	; AN OUTDOOR PATIC	ALL LOCATED
2. the licensee has constant and the premises are residue. SIGNED BY:	se will be of the same type for omplied with all laws of the C now open for business (If not educated the control of the contr	ommonwealth relating to explain below)	
DATE:	TELEPHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
Acts of 2004, signed by the	that we are in possession (1 building inspector and the l te of liquor liability insuran	head of the fire departm	ent for the above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	NG AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 113000114		CITY OR TOWN	SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	TU Y YO, L	LC			
DOING BUSINESS	A TU Y YO				
ADDRESS 858 BRO	DADWAY				
CITY/TOWN: SON	MERVILLE	STATE: MA	ZIP CODE:	02144	
	MAN, RICIA G.	TYPE OF LICENSE: Resi	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		Γ OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF					
_		STREET LEVEL W/ DINII AND STORSGE AREA.	NG ROO M, KITC	HEN, AND	
3. the premi		en for business (If not expla			
DATE:	TELE	PHONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Acts of 2004, signe	d by the build	we are in possession (1) the ing inspector and the head iquor liability insurance re	of the fire departs	nent for the	above named
Please Check Below:			LOCAL LICENS	ING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	ain)				
(ii disupproved expir	uiii <i>)</i>				
DATE:					<u>—</u>



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	113000115		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	OUT OF THE BI	LUE RESTAURANT,	INC		
DOING BUSINESS A	A OUT OF THE B	BLUE			
ADDRESS 385 SUM	MER STREET				
CITY/TOWN: SOM	ERVILLE	STATE: MA	ZIP CODE:	02144	
MANAGER: LIAK	OS, STEVE TY	PE OF LICENSE: Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREM	ISES:			
1,620 SQ.FT. ON ST OFFOCE WITH BAS		NSISTING OF A DIN TORAGE	ING ROOM , KIT	CHEN, REST	TRMS,
I hereby certify and sv	vear under penaltie	es of perjury that:			
1. the renewe	d license will be o	f the same type for the	same premises no	w licensed;	
2. the license	e has complied wit	th all laws of the Comn	nonwealth relating	to taxes; and	
3. the premise	es are now open fo	or business (If not expla	in below)		
SIGNED BY:					
	Individual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	NE NUMBER:	EMPLOYI	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT I	ndividual Social S	ecurity Number)
We the undersigned	attest that we ar	e in possession (1) the	e certificate requi	red by Chant	er 304 of the
Acts of 2004, signed	by the building in	nspector and the head	l of the fire depar	tment for the	above named
license and (2) the co	ertificate of liquo	r liability insurance r	equired by Chapt	er 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE			-		
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000116	CITY OR TOWN SOMERVILLE
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: NAVJOT KAUR CORPORATION DOING BUSINESS A INDIA PALACE	
ADDRESS 23 UNION SQ	
CITY/TOWN: SOMERVILLE STATE: N	MA ZIP CODE: 02143
MANAGER: KAUR, GURMIT TYPE OF LICENSE	:Restaurant CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
KITCHEN AND DINING ROOM ON STREET LEVEL '	WITH STORAGE IN BASEMENT
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for 2. the licensee has complied with all laws of the C 3. the premises are now open for business (If not c	Commonwealth relating to taxes; and
SIGNED BY: Individual, Partner or Authorized C	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the license and (2) the certificate of liquor liability insurant	head of the fire department for the above named
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED: (If disapproved explain)	
(11 disappioved explain)	
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 113000118		CITY OR TOWN	OMERVILLE
APPLICATION	FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAI	ME: 99 RESTAURA	NTS OF BOSTON LL	C	
DOING BUSIN	ESS A 99 RESTAUR	ANT-PUBS		
ADDRESS 20 (CUMMINGS STREET			
CITY/TOWN:	SOMERVILLE	STATE: MA	ZIP CODE:	02145
MANAGER: I	BALDASSARI, T IOAN C.	YPE OF LICENSE:R€	estaurant CAT	EGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	MISES:		
WAITING ARE		, OFFICE, CHANGIN	SH- WASHING AREA G AREA, EMPLOYER	
I hereby certify a	and swear under penalt	ies of perjury that:		
1. the re	enewed license will be	of the same type for the	e same premises now lic	ensed;
2. the li	censee has complied w	ith all laws of the Com	monwealth relating to ta	axes; and
3. the pr	remises are now open f	for business (If not exp	ain below)	
SIGNED BY:	Individual Dage	ner or Authorized Corp	oroto Officer	
	marviduai, Paru	ier of Authorized Corp	orate Officer	
DATE:			EMBLOVED II	DENTIFICATION NUMBER:
DATE.	TELEPHO	ONE NUMBER:		dual Social Security Number)
		_	_	by Chapter 304 of the nt for the above named
		_	_	16 of the Acts of 2010.
Please Check Below	<u>/:</u>		LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVEI				
(If disapproved of	explain)			
DATE:			-	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 113000119		CITY OR TOWN	SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	J & J FOOD	S & VARIETY, INC			
DOING BUSINESS	A				
ADDRESS 157 WA	SHINGTON S	T			
CITY/TOWN: SON	MERVILLE	STATE: MA	ZIP CODE:	02143	
	IEIDA, .CINDA P.	TYPE OF LICENSE:R	estaurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF					
1200 SQ FT RESTA	URANT AND	VARIETY STORE			
	ses are now op	en for business (If not experiment or Authorized Corp	olain below)	to taxes; and	
DATE:	TELE	PHONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signed	d by the build	we are in possession (1) t ing inspector and the he iquor liability insurance	he certificate requi ad of the fire depar	red by Chapt tment for the	er 304 of the above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000)121	CITY OR TOWN SOMERV	'ILLE
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: THE K	EBAB FACTORY, INC.		
DOING BUSINESS A KEBA	AB FACTORY		
ADDRESS 414 WASHINGT	ON ST		
CITY/TOWN: SOMERVIL	LE STATE: MA	ZIP CODE: 02143	
MANAGER: Singh, Harpre	tet TYPE OF LICENSE:R	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENS			
KITCHEN, DINING ROOM	AND STORAGE AREA ON S	TREET LEVEL	
			-
2. the licensee has co	se will be of the same type for the	nmonwealth relating to taxes; and	l
SIGNED BY: Individ	lual, Partner or Authorized Corp	porate Officer	
DATE:	ΓELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Acts of 2004, signed by the	building inspector and the hea	he certificate required by Chap ad of the fire department for th required by Chapter 116 of the	e above named
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disupproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 113000125		CITY OR TOWN SOMERY	/ILLE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 37 DAVI	A BOSTON BURG	•	INC	
CITY/TOWN: SOM		STATE: MA	ZIP CODE: 02144	
MANAGER: MAL	VONE, PAUL TYP	PE OF LICENSE:Re	staurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L				
500 SQFT RESTAUL	RANT WITH OPEN	KITCHEN AND S	ΓORAGE IN BASEMENT.	_
2. the license	e has complied with es are now open for	• •	<u> </u>	I
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, signed	by the building ins	pector and the head	e certificate required by Chap d of the fire department for th required by Chapter 116 of th	e above named
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED: DISAPPROVED:			By:	
(If disapproved explain	 n)			
.				
DATE.				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 113000126		CITY OR TOV	VN SOMERVI	ILLE
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CERCROSS & SC	ONS, INC.			
DOING BUSINESS	A MACHU PICCH	U PERUVIAN REST	ΓAURANT		
ADDRESS 25 UNIO	ON SQUQRE				
CITY/TOWN: SOI	MERVILLE	STATE: MA	ZIP CODE	: 02143	
MANAGER: CER	RNA, ROSY TY	PE OF LICENSE: Re	staurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
	ises are now open for	n all laws of the Comp business (If not expl	ain below)	ng to taxes; and	
	marviadar, i arare	of Humorized Corp.	State Officer		
DATE:	TELEPHON	NE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	d by the building in	e in possession (1) the spector and the head liability insurance i	d of the fire dep	artment for the	above named
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	oin)				
(If disapproved expl	am)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 113000129		CITY OR TOWN SOMERV	ILLE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: LDDJ, INC			
DOING BUSINESS A DAVE'S FR	ESH PASTA		
ADDRESS 079-83 HOLLAND ST			
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE: 02144	
MANAGER: JICK, DAVID	TYPE OF LICENSE:Pa	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED PR			
RETAIL STORE ON STREET LEV premise	•		
3. the premises are now open SIGNED BY:	en for business (If not exp		
maividuai, ra	itulei of Authorized Corp	orate officer	
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social)	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 113000130		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	
LICENSEE NAME: DOING BUSINESS ADDRESS 234 ELM	A FARMER'S BO		ZIP CODE:	02142	YEAR
CITY/TOWN: SOM MANAGER: SEH		YPE OF LICENSE:P		02143 CATEGORY:	Wine and
MANAGER. SEII	LI,KAWI I	TTE OF LICENSE,	ackage Store C	AILOOKI.	Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
		HSES. TH BASEMENT FOR	STOCK		
2. the licens	red license will be of ee has complied wi	of the same type for the the all laws of the Coror business (If not exp	nmonwealth relating		
SIGNED BY:	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:			FION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 113000131		CITY OR TOWN	SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013)13
		CLASS			YEAR
LICENSEE NAME:	OMAR MHIULDIN				
DOING BUSINESS	A M3				
ADDRESS 382 HIG	HLAND AVENUE				
CITY/TOWN: SOM	MERVILLE	STATE: MA	ZIP CODE:	02143	
MANAGER: MHI	ULDIN, OMAR TYPE	E OF LICENSE: Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISE				
RESTAURANT ON BATHROOMS	STREET LEVEL WI	ГН A DINING RO	OM, COUNTER, K	ITCHEN AN	D TWO
2. the licens	yed license will be of the see has complied with a sees are now open for be Individual, Partner of	all laws of the Comu usiness (If not expl	monwealth relating to ain below)		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	d, attest that we are indicate displayments that the building inspecertificate of liquor liable.	ector and the hea	d of the fire departı	nent for the	above named
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain	ain)		-		
-					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	13000133		CITY OR TOWN SOMERV	ILLE
APPLICATION FOR R	ENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: N DOING BUSINESS A ADDRESS 163-165 W. CITY/TOWN: SOME	LIQUOR ZONE ASHINGTON ST	LIQUOR, INC STATE: MA	ZIP CODE: 02143	
MANAGER: KALIA	IZABELLA TYP	E OF LICENSE: Pac	kage Store CATEGORY:	All Alcohol
EMAIL ADDRESS:		BSITE AND ENTER YOUR EN		
DESCRIPTION OF LIC APPROX 600 SQ FT B	CENSED PREMIS			
2. the licensee	license will be of that complied with a	he same type for the	same premises now licensed; nonwealth relating to taxes; and nin below)	
SIGNED BY:	ndividual, Partner o	or Authorized Corpo	rate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	ı		LOCAL LICENSING AUTH By:	IORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 113000134		CITY OR TOWN SOMER	VILLE
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	ME: CHINA MIN ESS A Y-NOT VA			
ADDRESS 140	WILLOW AVENU	JE		
CITY/TOWN:	SOMERVILLE	STATE: MA	ZIP CODE: 02143	
	PATEL, NUKESH H.	TYPE OF LICENSE:P	ackage Store CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	OF LICENSED PR NVENIENCE STOI			
2. the lie	censee has complied remises are now ope			d
DATE:	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Below APPROVED: [DISAPPROVEI (If disapproved e	D:		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 113000135		CITY OR TOWN SOMERY	ILLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: DIPTI & UM NESS A LITTLE IN	DIA		
	8 SOMERVILLE AV		TTD GODE 00440	
CITY/TOWN:	SOMERVILLE	STATE: MA		
MANAGER:	MISTRI, DIPTI & UMESH	TYPE OF LICENSE:P	ackage Store CATEGORY	: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
2000 SQ. FT.	ON STREET LEVEL	•		
	premises are now ope	en for business (If not exp		
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTH By:	HORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:113000137		CITY OR TOWN SC	MERVILLE
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
		GE INTERNATIONAL I	INC.	
DOING BUSINESS A	A TAIPEI TO	OKYO		
ADDRESS 7 HOLLA	AND STREET	•		
CITY/TOWN: SOM	IERVILLE	STATE: MA	ZIP CODE: 02	2143
MANAGER: LIN,	JAN HUEI	TYPE OF LICENSE:R	estaurant CATE	GORY: Wine and Malt Regular
EMAIL ADDRESS:				
I	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF I				
28 SEAT CHINESE I			. FT. THERE ARE EGRI	ESSES AT THE
I hereby certify and sy	wear under per	nalties of perjury that:		
1. the renewe	ed license will	be of the same type for the	ne same premises now lice	nsed;
2. the license	e has complie	d with all laws of the Cor	nmonwealth relating to tax	es; and
3. the premis	es are now op	en for business (If not exp	plain below)	
SIGNED BY:				
	Individual, P	Partner or Authorized Cor	porate Officer	
DATE:	TELEI	PHONE NUMBER:		NTIFICATION NUMBER:
			(Note: <u>NOT</u> Individu	al Social Security Number)
Acts of 2004, signed	by the build	ing inspector and the he	the certificate required by ad of the fire department required by Chapter 11	t for the above named
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:	\neg		By:	
DISAPPROVED: (If disapproved expla	in)			
(11 disappioved expla	···· <i>)</i>			
DATE:			-	
APPLICATION FOR RENEW	AL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L.	Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 113000138		CITY OR TO	WN SOMERV	ILLE
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME:	FLATBREAD SO	OMERVILLE INC.			
DOING BUSINESS A	A FLATBREAD	COMPANY AT SAC	CCO'S BOWL		
ADDRESS 45 DAY	STREET				
CITY/TOWN: SOM	ERVILLE	STATE: MA	ZIP CODI	E: 02143	
MANAGER: MEE	HAN, JOHN TY	YPE OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		<u></u>
DESCRIPTION OF I	ICENSED PREM	IISES:			
APPROX. 10,000 SF	OF FLOOR ARE	A WITH 10 BOWLI	NG LANES		
I hereby certify and sv	wear under penalti	es of perjury that:			
1. the renewe	ed license will be o	of the same type for the	ne same premises	now licensed;	
2. the license	e has complied wi	th all laws of the Cor	nmonwealth relat	ing to taxes; and	
3. the premis	es are now open fo	or business (If not ex	plain below)		
SIGNED BY:					
SIGNED D1.	Individual, Partn	er or Authorized Cor	porate Officer		
DATE:	TELEDIA	NE NUMBER	FMPI	OYER IDENTIFICA	ATION NUMBER:
21121	TELEPHO	NE NUMBER:		T Individual Social	
					•
We the undersigned					
Acts of 2004, signed license and (2) the c					
	er inicate of fiquo	i masmey msuranee	required by on	upter 110 of the	crites of zoro.
Please Check Below:				CENSING AUTH	HORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	111 <i>)</i>				
DATE:					
~·····.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1130001.	39	CITY OR TOWN SOMERY	/ ILLE
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: 74 LTD.	INC.		
DOING BUSINESS A SNAPP	Y SUSHI		
ADDRESS 420 HIGHLAND A	VE.		
CITY/TOWN: SOMERVILLE	STATE: MA	ZIP CODE: 02143	
MANAGER: JANIK,KATIE	TYPE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSEI) PREMISES:		
SHUSHI RESTAURANT,28 SI	EATS		
I hereby certify and swear under	r penalties of perjury that:		
1. the renewed license	will be of the same type for the	same premises now licensed;	
2. the licensee has com	plied with all laws of the Comr	nonwealth relating to taxes; and	l
3. the premises are now	v open for business (If not expla	ain below)	
SIGNED BY:			
	al, Partner or Authorized Corpo	orate Officer	
DATE:	A EDITORE MANDED	EMPLOYER IDENTIFICA	ATION NUMBER:
IE	ELEPHONE NUMBER:	(Note: NOT Individual Social	
			,
We the undersigned, attest th			
Acts of 2004, signed by the bulicense and (2) the certificate			
	of inquot maximity insurance i	equired by Chapter 110 of th	e Acis of 2010.
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
DATE.			



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LICENSE NU	MBER: 113000140	•	CITY OR TOWN SOMER	VILLE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: ALPINE RES	STAURANT GROUP INC.		
DOING BUSI	NESS A PIZZERIA	POSTO		
ADDRESS 18	7 ELM STREET			
CITY/TOWN:	SOMERVILLE	STATE: MA	ZIP CODE: 02143	
MANAGER:	CASSINELLI, JOSEPH	TYPE OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
	N OF LICENSED PR			
2569 SQ.FT. E CORNERS OF	BASEMENT FOR ST FTHE BUILDING.SI	ORAGETHERE ARE THE ERVICES AO ALCOHOLIO	FT. ON THE GROUND FLO HREE EGRESSES APPROX. C BEVERAGES IN OUTDO PACITY FROM 50 TO 98 SI	. AT THE OR
I hereby certify	and swear under per	nalties of perjury that:		
		• •	same premises now licensed;	
	•		onwealth relating to taxes; and	d
3. the	premises are now ope	en for business (If not explai	in below)	
SIGNED BY:		artner or Authorized Corpor	rate Officer	
DATE:	TELEF	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004,	signed by the buildi	ng inspector and the head	certificate required by Cha of the fire department for the quired by Chapter 116 of the	ne above named
Please Check Belo	<u>ow:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiain)			
			-	
DATE:				



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LICENSE NU	MBEK: 113000141		CITY OR TOWN SOMER	VILLE
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
	AME: ROCKWELI	RESTAURANT GROUP	LLC	
		ON ELIVI		
	55 ELM STREET	CTL ATTL	5TD G0DE 00110	
CITY/TOWN	: SOMERVILLE	STATE: MA	ZIP CODE: 02143	
MANAGER:	KELLEY, KENNETH	TYPE OF LICENSE: Res	taurant CATEGORY	: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
RESTROOMS LOUNGE WI' CONTINUE I	S IN THE REARTI TH LIVE MUSIC IN	HE BASEMENT AREA BE THE FRONT HALFTH	AURANT, WITH A KITCHE ENEATH WILL BE A FULL S E REAR BASEMENT WILL H COMEDY SHOWS, PLSYS	SERVICE
I hereby certif	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	d with all laws of the Comn	nonwealth relating to taxes; and	d
3. the	premises are now op	en for business (If not expla	in below)	
SIGNED BY		artner or Authorized Corpo	rate Officer	
DATE:	TEI EI	PHONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
	112121	FIIONE NUMBER.	(Note: NOT Individual Socia	
Acts of 2004,	, signed by the buildi	ing inspector and the head	e certificate required by Cha of the fire department for the equired by Chapter 116 of th	ne above named
Please Check Bel	low:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	d explain)			
			·	
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 113000142		CITY OR TOWN	SOMERVILLE		
APPLICATION FO	APPLICATION FOR RENEWAL: Annual LICENSED FOR 2013					
		CLASS		YEAR		
LICENSEE NAME:	: FEDERAL WINE &	& SPIRITS BELM	ONT INC.			
DOING BUSINESS	S A JOURNEYMAN I	RESTAURANT				
ADDRESS 9 SANE	BORN COURT					
CITY/TOWN: SO	MERVILLE	STATE: MA	ZIP CODE:	02143		
	ADY-TROIA, TYP RGARET	E OF LICENSE:R	estaurant C	'ATEGORY: All Alcohol		
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS			
	LICENSED PREMIS					
1500 SQ FT RESTA EXIT FACING SAN	AURANT, FULL SER NBORN STREET	VICE ENTRANCI	E AT 9 SANBORN (CTEMERGENCY		
I hereby certify and	swear under penalties	of perjury that:				
1. the renev	wed license will be of t	he same type for th	e same premises nov	v licensed;		
	see has complied with		•	to taxes; and		
3. the prem	ises are now open for l	ousiness (If not exp	lain below)			
SIGNED BY:	Individual, Partner	or Authorized Cor	oorate Officer			
DATE:	TELEPHONI	E NIIMBED:	EMPLOYE	R IDENTIFICATION NUMBER:		
	TEELITION	E NOMBER.	(Note: NOT In	dividual Social Security Number)		
W. Alexandre	J -4444b-4	·	l	I b Ch		
				red by Chapter 304 of the tment for the above named		
license and (2) the	certificate of liquor l	iability insurance	required by Chapte	er 116 of the Acts of 2010.		
Please Check Below:			LOCAL LICEN	SING AUTHORITY		
APPROVED:			By:			
DISAPPROVED: (If disapproved expl	Lain)					
(11 disappio red expi)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 113000143		CITY OR TOWN	SOMERVI	LLE
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	E: MARTSA CORP S A MARTSA ON EL ELM STREET	M			
CITY/TOWN: SO	OMERVILLE	STATE: MA	ZIP CODE:	02143	
	OULATSANG, TYP MA	E OF LICENSE:Res	taurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		_
	F LICENSED PREMIS				
	RESTAURANT WIT		5 SEATS		
•	l swear under penalties				
	wed license will be of t	* *	-		
	nsee has complied with		_	o taxes; and	
3. the pren	nises are now open for l	business (If not expla	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONI	E NUMBER:			FION NUMBER:
Acts of 2004, sign	ed, attest that we are ed by the building ins e certificate of liquor l	pector and the head	of the fire depart	ment for the	above named
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	113000144		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 22 BOW S	SWEET GINGER			02142	
CITY/TOWN: SOMI		STATE: MA	ZIP CODE:	02143	
MANAGER: SMITI	H, JOHN M. TYPE	OF LICENSE: Res	taurant (CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	S:			
FRONT ENTRANCE	& REAR EXIT				
2. the licensee	d license will be of the has complied with all are now open for bu	same type for the laws of the Comm	onwealth relating		
SIGNED BY:	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:	TELEPHONE I	NUMBER:		ER IDENTIFICAT	
	attest that we are in by the building inspe ertificate of liquor lia	ctor and the head	of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1130	000145		CIT	TY OR TOWN	SOMERVI	LLE
APPLICATION FOR REN	NEWAL:	Annua	1	LICE	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: TRU	JE BISTRO LLC					
DOING BUSINESS A TR	RUE BISTRO					
ADDRESS 1153 BROAD	WAY STREET					
CITY/TOWN: SOMERV	TLLE	STATE:	MA	ZIP CODE:	02143	
MANAGER: HARRISO	N, LINDATYPE	OF LICENS	E:Restaur	ant (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEBS	ITE AND ENTER Y	OUR EMAIL A	ADDRESS		_
DESCRIPTION OF LICEN	NSED PREMISES	S:				
1100 SF ON STREET LEY & CURTIS STREET, MA STREETDINING AREA DRY STORAGE, WALK	IN ENTRANCE (A, KITCHEN & T	ON BROAD' FOILET ROC	WAY, SEI OMS ON S	RVICE ENTR STREET LEV	Y ON CURT	IS
I hereby certify and swear	under penalties of	perjury that:	:			
1. the renewed lice	ense will be of the	same type for	or the sam	e premises no	w licensed;	
2. the licensee has	complied with al	l laws of the	Commonv	vealth relating	to taxes; and	
3. the premises are	e now open for bu	siness (If not	t explain b	elow)		
SIGNED BY:	vidual, Partner or	Authorized	Corporate	Officer		
DATE:	TELEPHONE 1	NUMBER:				ΠΟΝ NUMBER: Security Number)
We the undersigned, atte Acts of 2004, signed by the license and (2) the certifi	he building inspe	ector and the	head of t	the fire depar	tment for the	above named
` /	cate of fiquor fia	bility insura	nce requi	red by Chapt	er 116 of the	Acts of 2010.
Please Check Below:	cate of fiquor ha	bility insura	_		er 116 of the	
Please Check Below: APPROVED:	cate of fiquor fia	bility insura	_	OCAL LICEN		
Please Check Below: APPROVED: DISAPPROVED:	cate of inquot na	bility insura	L	OCAL LICEN		
Please Check Below: APPROVED:	cate of inquot na	bility insura	L	OCAL LICEN		
Please Check Below: APPROVED: DISAPPROVED:	cate of inquot na	bility insura	L	OCAL LICEN		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 113000146		CITY OR TOWN	SOMERVI	LLE
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: THE CENTER FO	OR ARTS AT THE A	ARMORY		
DOING BUSINES	S A				
ADDRESS 191 HI	GHLAND AVE				
CITY/TOWN: SC	OMERVILLE	STATE: MA	ZIP CODE:	02143	
	CLAUGHLIN, TY BRA L	PE OF LICENSE: Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		-
DESCRIPTION OF	F LICENSED PREMI	SES:			
I hereby certify and	d swear under penaltie	s of perjury that:			
	ewed license will be of				
	nsee has complied with			taxes; and	
3. the pren	mises are now open for	business (If not expl	ain below)		
SIGNED BY:	Individual, Partne	r or Authorized Corp	orate Officer		ì
DATE:		W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EMDLOVED		NON NUMBER.
DATE.	TELEPHON	NE NUMBER:	(Note: NOT Ind		ION NUMBER: ecurity Number)
Acts of 2004, sign	ned, attest that we are ned by the building in e certificate of liquor	spector and the hea	d of the fire departr	nent for the	above named
Please Check Below:	_		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	1.:)				
(If disapproved exp	Jiaiii)				
DATE:			-		



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LICENSE NUMBER	: 113000147		CITY	OR TOWN	SOMERVI	LLE
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 253 WAS	A CASA B					
CITY/TOWN: SOM		STATE: MA	71	P CODE:	02142	
					02143	A11 A1 1 1
MANAGER: CAB	RE, ALBERTO I Y	PE OF LICENSE:Re	staurant		ATEGORY:	All Alcohol
EMAIL ADDRESS:						
DESCRIPTION OF I		EBSITE AND ENTER YOUR E	MAIL ADD	RESS		
MAIN FLOOR CON CONSISTING OF D AND EXIT IS FROM	SISTING OF DINININING AREA, MAI	NG AREA, SMALL IN KITCHEN AND I				
I hereby certify and s	wear under penalties	s of perjury that:				
1. the renewe	ed license will be of	the same type for the	same p	remises nov	v licensed;	
	-	all laws of the Com		_	to taxes; and	
3. the premis	ses are now open for	business (If not expl	ain belo	ow)		
SIGNED BY:	Individual, Partner	r or Authorized Corp	orate Of	ficer		
DATE:	TELEPHON	IE NUMBER:		EMPLOYE	R IDENTIFICAT	ΠΟΝ NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned Acts of 2004, signed license and (2) the c	by the building in	spector and the hea	d of the	fire depart	ment for the	above named
Please Check Below:			LOC	CAL LICEN	SING AUTH	ORITY
APPROVED:	_		By:			
DISAPPROVED: [(If disapproved explain	in)					
(11 disapproved expla	 ,					
DATE:						
APPLICATION FOR RENEW	AL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF	NOVEMBER (M.G.L. Ch. 138 \$ 10	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 113000148		CITY OR TOWN S	OMERVILLE
APPLICATION	FOR RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: FAT HEN LLC			
DOING BUSIN	ESS A LA BRASA			
ADDRESS 130	BROADWAY			
CITY/TOWN:	SOMERVILLE	STATE: MA	ZIP CODE:	02143
	McCLELLAND, T FRANK	ΓΥΡΕ OF LICENSE: R€	estaurant CAT	EGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PRE	MISES:		
	OOM ON GROUND F		AY, ADDITIONAL DI REAR, STORAGE LO	
I hereby certify	and swear under penal	ties of perjury that:		
1. the r	enewed license will be	of the same type for the	e same premises now lic	ensed;
2. the li	icensee has complied w	vith all laws of the Com	monwealth relating to ta	axes; and
3. the p	oremises are now open	for business (If not exp	lain below)	
SIGNED BY:	Individual Dont	ner or Authorized Corp	oroto Officer	
	individual, Part	ner or Authorized Corp	orate Officer	
DATE:		ONE MUMBER	EMDI OVED ID	DENTIFICATION NUMBER:
DITTE.	I ELEPH	ONE NUMBER:		dual Social Security Number)
	_	_	_	by Chapter 304 of the nt for the above named
		_	_	16 of the Acts of 2010.
Please Check Belov	<u>v:</u>		LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)		-	
				<u></u>
DATE:				
D.111.				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: I	13000149		CITY OR TOWN	SOMERVI	LLE
APPLICATION FOR R	ENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: F DOING BUSINESS A ADDRESS 89 HOLLA	THE WINE BA	R			
CITY/TOWN: SOME		STATE: MA	ZIP CODE:	02143	
MANAGER: FOSTE				CATEGORY:	All Alcohol
EMAIL ADDRESS:	CASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
2. the licensee	license will be of has complied wit	es of perjury that: If the same type for the If all laws of the Comm If business (If not expla	nonwealth relating		
SIGNED BY:	ndividual, Partne	er or Authorized Corpo	rate Officer		
DATE:	TELEPHOI	NE NUMBER:		ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building ir	spector and the head	of the fire depar	tment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	 		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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LICENSE NUMBER	R: 113000150		CITY OR TOWN SOMERY	/ILLE
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	YUKSEL-BERTI,	INC.		
DOING BUSINESS	A ISTANBUL LU			
ADDRESS 237 HOI	LAND STREET			
CITY/TOWN: SON	MERVILLE	STATE: MA	ZIP CODE: 02143	
MANAGER: AKG	UN, HUSEYIN TYI	PE OF LICENSE: Res	taurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
			ATHROOMS FIRST FLOOR GE TO PARKING AREA	,
I hereby certify and s	wear under penalties	of perjury that:		
1. the renew	ed license will be of	the same type for the	same premises now licensed;	
2. the licens	ee has complied with	all laws of the Comm	nonwealth relating to taxes; and	l
3. the premi	ses are now open for	business (If not expla	in below)	
SIGNED BY:				
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signed	d by the building ins	spector and the head	certificate required by Chap of the fire department for the equired by Chapter 116 of the	e above named
Please Check Below:			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVED: [uin)			
(11 disappioved expir	<i>)</i>			
DATE:				
APPLICATION FOR RENEW	VAL MUST BE FILED BY L	ICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 113000151		CITY OR TOWN	SOMERVI	LLE
APPLICATION FO	R RENEWAL:	Annual CLASS	LICEN	SED FOR 20)13 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 290 SOI	A EBI SUSHI BAR	CLASS			IEAR
CITY/TOWN: SO	MERVILLE	STATE: MA	ZIP CODE:	02143	
	ONER, TYPE EFANIA	OF LICENSE:Res	taurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR WEBS		IAIL ADDRESS		
900 SF OF DINING	LICENSED PREMISE GAREA. MAIN DINING FIRE EXIT IN REAR		USHI BAR 830 SF	MAIN ENT	RANCE
2. the licens	wed license will be of the see has complied with al ises are now open for bu	l laws of the Comm	nonwealth relating to		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspo certificate of liquor lia	ector and the head	l of the fire departi	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					